



Advocacy Framework



Special thanks to



for their financial contribution to support this project.

Child Safety Link Advocacy Framework

OUTLINE

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Background

About Child Safety Link

Child Safety Link (CSL) is a Maritime-wide child and youth injury prevention program based at the IWK Health Centre in Halifax, Nova Scotia. CSL envisions that the Maritimes are a safe community where children and youth can grow to reach their full potential. As a means of achieving this vision CSL works to reduce the incidence and severity of unintentional injury among children and youth. Based on injury data, CSL focuses its prevention efforts on those injury issues that result in high rates of hospitalization and death in the region. These include, but are not limited to, child passenger safety, playground safety, brain injury prevention, pedestrian safety, falls prevention, and poisoning prevention.

The work of CSL is guided by 5 strategic priorities and outcomes that are as follows:

1. Capacity building and partnerships: Increased capacity for child and youth injury prevention in the Maritimes.
2. Communication and public relations: Increased awareness of child and youth injuries.
3. Advocacy and healthy public policy: Increased advocacy and healthy public policy.
4. Sustainability: Sustainable organizational infrastructure and partnerships established to support child and youth injury prevention.
5. Research and evaluation: Research, evaluation, and surveillance opportunities conducted.

The Advocacy Framework

CSL has engaged in numerous advocacy efforts over the years and has informed public policy in Nova Scotia, New Brunswick, and Prince Edward Island. Examples include legislation regarding child operation of all-terrain vehicles and those requiring the use of helmets and child passenger safety seats. Despite these activities, CSL has not to date had a formalized plan for engaging in advocacy for healthy public policy. Simultaneously, CSL has an emerging understanding of its role as an organization in addressing the social determinants of injury, an issue that often requires a public voice and collaboration with multiple stakeholders.

In 2012-2013, CSL engaged in both an evaluation of the past 10 years and a staff visioning exercise to identify next steps for the organization. Both of these initiatives highlighted the shift that has been underway at CSL over the past several years – placing less focus on individual level supports and programming and moving towards a population health approach to child and youth injury prevention with a health equity lens. With both the evaluation and the staff reflection, CSL's many contributions to advocacy and healthy public policy were recognized. However it was also recognized that there is a need to do more and

to make a greater contribution to addressing the social determinants of injury. As a result two recommendations were developed under the pillar of Advocacy and Healthy Public Policy in the evaluation report:

1. Establish CSL as a leader in advocacy and healthy public policy.
2. Continue to advance evidence-based practices and policies.

CSL recognizes that to address the above recommendations a guiding framework is essential. The purpose of this framework is to define advocacy in relation to child and youth injury prevention and provide guidance to its application within CSL's mandate and work plan. This also directly relates to CSL's emerging role in addressing the social determinants of injury.

Advocacy, healthy public policy & injury prevention

What is Advocacy?

Advocacy is a series of actions intended to influence decision-making on a cause or issue and effect change. Individuals, organizations, communities, or businesses can undertake advocacy. There are various types of advocacy that can take place at different levels.

Public health or population health advocacy endeavors to create positive change by improving conditions for health, reducing health inequities, and influencing health behaviours of individuals and communities. [1,2] Advocacy was recognized in the Ottawa Charter for Health Promotion [3] as necessary for improving factors and conditions that impact the health of individuals and communities.

What is Healthy Public Policy?

Building healthy public policy is identified as one of five health promotion actions in the Ottawa Charter for Health Promotion. It is described as follows: “Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact.” [4] The Charter identifies a range of approaches to encompass healthy public policy including taxation, legislation, fiscal measures, and organizational change. Healthy public policy is relevant across a wide range of sectors with the ultimate goal of making the social and physical environments health enhancing and supportive.

What is the Application to Injury Prevention?

Like other health and social issues, healthy public policy is essential to preventing injuries and reducing inequities. Historically, healthy public policy has been characterized as one of the “3 E’s” of injury prevention under the term “enforcement”. In recent years, there has been growing recognition of the complexity of injury and that injury-preventing policies go beyond the need for enforcement. They encompass a range of initiatives that not only mandate safer behaviours; they also create safe, supportive environments and enhance equity through social policy. To effectively address injury through healthy public policy and other measures, injury must be considered within a social-ecological model. [5]

Child Safety Link values for engaging in advocacy

CSL will engage in advocacy for healthy public policy while adhering to the following values:

Integrity: Child Safety Link will act with integrity throughout the advocacy and policy development process.

Partnership: Child Safety Link will engage in appropriate partnerships to enhance injury prevention advocacy and policy work.

Equity: Child Safety Link will consider issues of health equity when engaging in advocacy and policy work and will take steps to ensure its efforts do not increase inequities in and among populations.

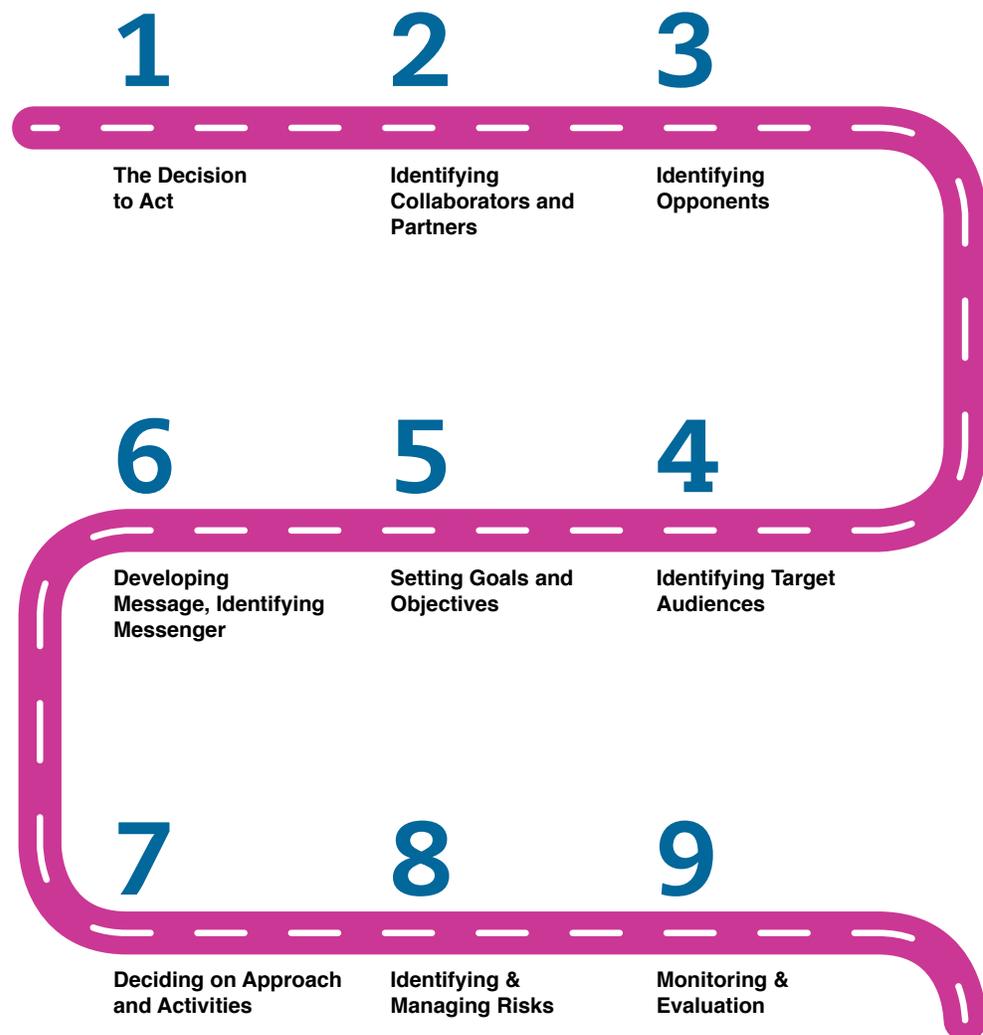
Respect: Child Safety Link and its staff will treat others with respect throughout the advocacy and policy development process.

Evidence-Based: Child Safety Link will use the best available evidence to inform its work in advocacy for healthy public policy.

The advocacy framework

The following pages outline a proposed Advocacy Framework or “roadmap” to be used by Child Safety Link (CSL) staff to identify opportunities for advocacy and strategies for taking action. The components of the Framework will not necessarily occur in a linear fashion. Like a roadmap, there are different directions that can be taken. Additionally in some cases of advocacy, CSL may have already made the decision to act and dedicate resources to the effort. In these cases staff can proceed to a later step in the Framework. Utilizing the Framework will require an understanding of decision-making process and the broad social and political context.

A Framework for Action



1

The Decision to Act

When an opportunity for advocacy is identified, CSL must decide whether it is going to act by contributing human and/or financial resources to the cause. It is clear that any advocacy issue taken on by CSL would need to fit with the mandate of the organization, its vision and mission, and its strategic pillars. Namely, the advocacy must somehow address rates of injury among children and youth in the Maritime Provinces and contribute to healthier, safer communities. This approach also requires that the measure have a population health focus, meaning that it will address the health of the population or of a sub-population at risk for injury.

Although evidence for action may be considered in greater depth at a future stage, the decision to engage in advocacy for a given issue should reflect an understanding of the current burden of the injury issue in the Maritimes, the scope of prevention strategies possible and the merit of using a policy oriented solution, and knowledge of the potential positive and negative impacts. CSL will need to ensure that the decision is an informed one, including consideration of potential risks to the organization as a result of engaging in advocacy.

Beyond considering fit with the organization and the benefit to the population, CSL must carefully consider whether undertaking an advocacy activity is possible within its current resources. Factors to consider include expertise within the organization to work on the issue, time to devote to the issue given current workloads of staff, financial resources (if required), and energy and passion for the cause. CSL may eventually need to consider whether a new issue must receive priority (temporary or long-term) over another project or initiative being undertaken by the organization. In the event of limited resources or competing priorities, CSL must also look to the value of collaborative partnerships with other like-minded organizations and colleagues. While this is a strategic step described more fully later in the Framework, it is also a measure that can reduce workload for CSL and result in greater efficiency and effectiveness. Lastly and in relation, CSL needs to carefully consider the consequences of acting and not acting on the issue at hand. Consequences include both positive and negative impacts on the organization including resources and partnerships/relationships with other organizations. It also includes the positive or negative consequences experienced by the broader population. This Framework includes a tool to help CSL decide when to engage in advocacy for a healthy public policy. When deciding whether to act, CSL may consider the following: [11]

The Fit

- Does the issue fit with CSL's mandate, mission, vision, and strategic pillars?
- Does the issue conflict with the mandate or the policies of the IWK Health Centre?
- Will the proposed initiative have a population health focus?

The Evidence

- Has evidence been considered in relation to the prevalence of the problem and the potential solutions? Is the evidence strong?
- Will the benefits of the proposed initiative outweigh the harms?

Internal Resources

- Does CSL have the resources (time, human, financial, etc.) to engage in this advocacy activity? If not, should this issue be prioritized over another?
- Are there other partners that CSL can collaborate with on this advocacy activity?
- Is CSL ready to proceed? Are others ready to proceed?

Considering Consequences

- What are the consequences of CSL taking action?
- What are the consequences of CSL not taking action?

CSL may at times be in a position where multiple issues are identified as fitting the above criteria for action. In these cases, CSL may need to undertake a priority-setting exercise in order to clearly identify a focus for human and financial advocacy-related resources. Factors to consider include the extent to which advocacy activities will have a high impact on financial and human resources, including whether budget is already allocated. Other important factors include the extent to which progress on this issue is possible and potential impact to the health of the population. Considering all of these factors, those opportunities that are low cost, high impact, and have a high likelihood of success will be deemed highest priority. There may be other criteria that CSL chooses to add. The following worksheet is proposed as a tool for CSL to use in advocacy priority setting: [12]

A. Advocacy Priority Setting

| Policy | Cost | Opportunity | Health Impact | Overall Grade |
|--|--|---|--|---|
| Name of the policy E.g. child operation of ATVs | What are the human & financial resources required? | Is there a likelihood of progress? | How great will the health impact of the policy change be? Will there be negative impacts? | What is the average grade and level of priority? |
| | <p>Low = A Medium = B Uncertain = C High = D</p> <p>B: Human resources for evidence gathering, media, letter writing</p> | <p>Very likely = A Likely = B Uncertain = C Unlikely = D High = A</p> <p>A: With high impact, high opportunity, and a manageable level of resource use this policy issue is deemed high priority for CSL.</p> | <p>High = A Medium = B Uncertain = C Low = D</p> <p>A: Burden of injury is high in frequency and severity.</p> | <p>High priority = A Medium priority = B Low priority = C Very low priority = D</p> <p>A: With high impact, high opportunity, and a manageable level of resource use this policy issue is deemed high priority for CSL.</p> |

See a blank version of this worksheet on page 35 of the appendices.

2

Identifying Collaborators and Partners

In the previous section on Deciding to Act, CSL considered whether other partners or stakeholders were available and interested in collaborating on advocacy. Although partnerships are not without their challenges, they strengthen advocacy in numerous ways. Partnerships bring together a variety of skills and perspectives to addressing the issue, offer different connections to other stakeholders and populations, increase the reach and influence of advocacy-related activities, and may result in a larger pool of resources for carrying out activities. [6]

Partners should be chosen on the basis of the “value-added” brought to the initiative. Value can come in a number of formats and may vary between issues and initiatives. The type of value brought may vary by partner. As an example, one partner may bring knowledge of the published literature and another partner may bring first-hand experience with the issue. Another may be able to easily reach out to one of the targets for the advocacy. As such identifying collaborators and partners needs to be done in conjunction with identifying target audiences (see Section 4). Both are valuable contributions. CSL may seek out partners/ collaborators that:

- Have similar interests and goals in relation to injury prevention, health promotion, and population health.
- Are credible and will add legitimacy to CSL’s work.
- Bring resources to the initiative including but not limited to financial resources, human resources, and expertise on the issue or process.
- Can reach or influence the target of the advocacy in a way that CSL cannot.

As noted above, all partners including CSL will bring a different role or contribution to the advocacy effort. There may be times where it makes sense for CSL to play a lead role on an issue and there may be other times where another stakeholder takes the lead and CSL is a partner with a smaller role to play. The following tool is proposed to identify potential partners along with their roles and commitments: [13]

B. Identifying Collaborators and Partners

| Name | Description What is the primary purpose of this organization? | Potential Role in Advocacy & Policy Process | Area of Expertise What type of expertise will this partner contribute? | Level of Commitment How supportive is this organization? | Resources What resources can this partner contribute? Consider financial, staff, skills, etc. | Constraints What are the limitations to this partner's participation? |
|---|---|--|--|--|---|---|
| ISSUE: Identify the advocacy issue. E.g. Helmet legislation | | | | | | |
| e.g. Brain injury prevention coalition | Prevent brain injury | Media relations Evaluation & research Direct advocacy to government | Expert in brain injury | Highly supportive | Medical expertise Staff time | Limited time to participate |
| e.g. Public Health | Prevent illness & injury | Evidence gathering Assessment of public readiness Build partnerships | Knowledge of injury prevention Knowledge of government priorities & processes | Highly supportive | Provision of evidence | Public health is situated in government & cannot directly participate in advocacy |

See a blank version of this worksheet on page 36 of the appendices.

3

Identifying Opponents

While engaging in advocacy and policy work it is highly likely that CSL will face opponents to the change it is trying to create. At times opponents may become a target audience (see next step) and at other times CSL may need to instead anticipate and manage any opposition tactics that could cause damage to its advocacy and policy work. In determining the approach to use with an opponent, CSL may ask the following questions: [14]

- Is it possible that CSL can persuade the opponent that their position is right? Alternatively, is it possible that their opposition to CSL's stance could be weakened?
- Is it possible for CSL to reduce the influence of the opponent over the policy process?
- Is there any common ground between CSL and the opponent?

Once CSL has completed this initial assessment and identified which opponents may be of greatest significance, the following table [15] can be used to better understand the approach and tactics of the opponent. This will assist CSL in preparing to counter any significant opposition that could damage its policy and advocacy efforts.

C. Identifying Opponents

| Identifying Opponents | Opponent 1 | Opponent 2 |
|---|---|------------|
| Name of the Opponent | Anti-cycling helmet legislation coalition | |
| Reason for Opposition <i>What is the reason(s) behind the opposition to CSL's stance?</i> | Ideologically do not believe in the legislation of helmet use for cycling. | |
| Level of Active Opposition <i>Is the opponent primarily reactive or do they proactively work to oppose CSL's efforts?</i> | High. Opponent is proactively engaging in anti-helmet legislation advocacy. | |
| Level of Power <i>How much power does the opponent have? Power can be the amount of influence they have, the amount of resources, numbers, etc.</i> | Power is not significant. Although vocal, there is a divide in the cycling community about legislation. Direct influence to government is low. | |
| Opponent Tactics <i>What strategies or activities will the opponent use to counter CSL's work? E.g. media, lobbying, etc.</i> | Lobbying to government through letter writing and presentation of evidence. Use of social media (blogs and twitter) to mobilize anti-helmet community. | |
| CSL Action <i>To what extent should CSL seek to engage with the opponent? What strategies should it use?</i> | CSL will not directly communicate to the opponent however will seek to counter the arguments of the opponent in communications to media and government. | |

See a blank version of this worksheet on page 37 of the appendices.

4

Identifying Target Audiences

Along with its partners CSL must identify one or more targets for its advocacy efforts. Targets are those individuals or organizations that are in a position of power or have some level of influence over the policy process. These targets are likely to have a range of influence and degree of support or opposition for the issue. A significant component of identifying targets will involve assessing the current state of the policy issue. CSL may wish to ask the following questions:

- What is the current state of the policy change process?
- What barriers to change must be overcome?
- Who is supportive? Are they a potential partner for CSL?
- Who has authority over the policy change?
- What motivates those in power over the policy change process?

Targets for advocacy are not necessarily just those in charge of changing the policy. They may also be those individuals or groups that have influence over those in charge of the policy. As an example, public support for or against an issue can be a significant determinant over the policy process. Special interest groups, businesses, and other NGOs may also be in a similar position. CSL may need to advocate to multiple targets using different strategies and tactics to reach the ultimate goal of policy change. However it is also important to note that not all influencers are appropriate to target for action. CSL will need to be strategic about what targets receive limited time and resources. For example, if CSL wishes to address ATV use by children it is unlikely that the ATV industry will cease production and promotion of child ATVs unless directed to by government. In this case, it may be more appropriate to direct limited resources towards the public, politicians, and other like-minded organizations. The following tool is designed to assist CSL in identifying targets and to lay the foundation for future steps in the Advocacy Toolkit. [16] An example of 4-sided pool fencing for preventing child drowning in backyard pool is provided using a hypothetical scenario:

D. Identifying Target Audiences

| Advocacy Issue e.g. 4-Sided Pool Fencing | Target 1 | Target 2 |
|--|--|-----------------|
| Name of Target <i>What is the name of the target individual or group?</i> | E.g.: Municipal councilors | |
| Interest in the Issue <i>What interest does the target have in this advocacy issue?</i> | Has control over municipal by-laws that could require owners of private pools to install 4-sided fencing. | |
| Level of Opposition or Support <i>Is the target a strong or medium strength ally? Are they neutral on the issue? Are they a strong or medium opponent?</i> | There is a range of support from neutral to mild opposition. Opposition stems from concerns about enforcement. | |
| Level of Influence <i>How strong is the target's influence over the issue?</i> | High: Can change the by-law and require pool owners to install 4-sided fencing. | |
| Level of Knowledge <i>How high or low is the partner's level of knowledge over the issue and the evidence?</i> | Low | |
| CSL Goal <i>What goal does CSL have for targeting this individual or organization?</i> | Increase knowledge of councilors of the risk of drowning in backyard pools and the effectiveness of 4-sided fencing for prevention. Encourage councilors to pass a by-law requiring 4-sided fencing in private pools. | |
| Level of Access <i>Does CSL or any of its partners have access to the partner?</i> | Medium | |
| Possible Strategies <i>What strategies might this target respond to?</i> | Public demand Evidence Media | |
| Target Accountable <i>To whom and how is this target accountable?</i> | Tax payers | |
| Likelihood of Achieving Goal <i>How likely or unlikely is it that this individual or organization will support CSL's actions?</i> | Somewhat likely. | |

See a blank version of this worksheet on page 38 of the appendices.

5

Setting Goals & Objectives

Setting an overarching goal along with objectives will help CSL refine its advocacy strategy to address an injury issue and determine the most appropriate activities to undertake. It will also assist in the monitoring and evaluation process. The goal that CSL selects for an initiative should be the outcome that is desired and achievable with policy change. Goals are often longer term (4-5 years) and may reference a reduction in injury that would result from a policy change. In developing goals CSL should consider the injury issue and what aspect of the issue it wants to address along with what can reasonably be achieved. [7] The goal will help CSL communicate its work and may be developed in collaboration with partners. [8] A sample goal is provided to illustrate:

Sample Goal: To reduce the number of child passenger injuries as the result of motor vehicle collisions in the province.

Once CSL has established the goal of the advocacy strategy, it is beneficial to then develop objectives that will help the organization meet its goal(s). Objectives are shorter term than the goal and should reference the changes desired to policies. They provide organizations criteria for success that can be used in monitoring and evaluation. In public health practice, it is common to use the SMART tool as a guideline for developing objectives. [8]

SMART Objectives – Are your objectives...

- **Specific?** Focus each of your objectives on one aspect of the change you are seeking.
- **Measurable?** Developing objectives that are measurable will allow for the impact of the policy to be evaluated.
- **Achievable?** Consider whether the objective is something that CSL can realistically achieve as laid out.
- **Relevant?** Consider whether the objective is relevant to the goal and the issue overall.
- **Time-bound?** Include a time frame for achieving your goal.

Sample Objectives (April 1 – March 31):

- Develop an evidence primer on child passenger safety and best practices for legislation by June 30.
- Plan and host a one-day meeting in September with injury prevention and child safety stakeholders.
- Disseminate information on child passenger safety through social media networks on a weekly basis.
- Meet with each of the road safety Departments by year end to share evidence and request support for child passenger safety seat legislation.

As noted above, goals and objectives are helpful for determining your activities (Section 7) and monitoring and evaluation (Section 9). In Section 9 there is further detail on planning for evaluation from the beginning of the advocacy process including development of a logic model. It will be important to incorporate the work completed in this section into identifying activities and planning for monitoring and evaluation.

6

Developing the Message, Identifying the Messenger

With the previous steps complete, CSL will need to develop key messages for the initiatives and strategically identify the best messengers for delivering that message. Key messages are foundational for an advocacy strategy. A simple, direct message can provide an over-arching theme to your campaign, easily and quickly communicate the campaign to others, and garner support for your efforts. [6]

It is beneficial to have both primary and secondary messages developed for your campaign. The primary message applies to your whole campaign and can be universally applied. [6] Although a primary message may amount to 3-4 sentences, it is also useful to have a one-sentence version for quick communications. The following elements have been identified as important to the primary message: [6]

Primary Message = Statement + Evidence + Example + Goal + Action Desired

- **Statement:** This will present your central idea and outline the importance of change.
- **Evidence:** This component supports the statement with credible facts, statistics, and/or research findings.
- **Example:** While not always necessary providing a specific example can at times assist in advocacy efforts.
- **Goal:** The goal is the ultimate outcome that you want to achieve.
- **Action Desired:** The action desired is core to your message. It is what will help you achieve your goal in whole or in part.

Secondary messages are supportive of the primary message but are targeted towards particular audiences. They reinforce the primary message but take into consideration the varying needs of a given target audience. [6] There are numerous factors to consider when developing a secondary message including the target audiences' level of knowledge, opinion and strength of opinion, personal interests and bias, objections to CSL's efforts, and their political interests. It is also important to consider what will be the most persuasive to this audience and what actions that CSL wants them to take. [6] Decision-makers may have different motivations or concerns that will need to be addressed when crafting messages. They may be status-oriented, mission oriented, or process oriented. [7]

The following table is a tool that can be used to map the need for secondary messages and identify strategic framing for a particular audience: [17]

E. Developing Key Messages

| E.g.: Advocacy for ski helmet legislation | | |
|---|---|---|
| Statement of Primary Message: In the province there have been 15 serious traumatic brain injuries (TBI) related to skiing in the past 10 years along with hundreds of mild to moderate TBI. Research has demonstrated that helmets reduce the risk of a brain injury by up to 60%. Child Safety Link supports the use of helmets while downhill skiing and snowboarding and encourages provincial governments to adopt all ages helmet legislation for these settings. | | |
| Audience Name of Audiences Identified as Important Targets | Concerns What concerns does this audience have that could be relevant? | Possible Messages What are some possible messages that both further the primary message and address the concerns of the target? |
| E.g. General public | Loss of personal choice on whether to wear a helmet. Whether helmets are safe and effective. | Helmets reduce the risk of a serious brain injury by up to 65%. |
| E.g. Politician | Cost of brain injury to the health system. Amount of public support for the policy change. Negative impact on small businesses. | Each severe traumatic brain injury costs approximately \$11 million over the lifetime of the individual in health and rehabilitation costs. Voluntary helmet usage is currently at 75% in the province. Non-helmet wearing skiers and snowboarders are not strongly opposed to helmet legislation and have indicated they will not stop using Nova Scotia ski hills if a law is passed. |
| E.g. Journalist | Publishing a story that will capture interest. | Nova Scotia could be the first jurisdiction in the world to legislate all-ages ski helmet use on the hills. |

See a blank version of this worksheet on page 39 of the appendices.

Once CSL has crafted its messages, it will also need to strategically select a messenger or messengers to reach their chosen target audiences. As an expert in the field of child and youth injury prevention, there will certainly be times where CSL staff act as messengers and media spokespersons. However depending on the state of the issue there may be times where a different messenger is more appropriate and ultimately more strategic for achieving success. The messenger may in themselves be a target audience. They can provide added credibility and clarity to an issue and in some cases enhance empathy. In the field of injury prevention, medical doctors may frequently be called upon to speak publicly about prevention based on the trust and respect members of the public typically hold for physicians and surgeons. Another common messenger chosen to build understanding and empathy for prevention are injury survivors. To strategically choose a messenger for a target audience CSL should consider the following: [18]

- What individual or group has influence over your target audience?
- Does the messenger have knowledge about the issue and credibility in the eyes of the target audience?
- Has the messenger already taken a position on this issue? Are there any inconsistencies with CSL's position?
- Is it possible for CSL to engage with this messenger? Is it possible for this messenger to engage with the target audience?
- Are there any risks to engaging this messenger?
- Is this messenger capable of effectively delivering the advocacy messages developed by CSL?

7

Deciding on Approach and Activities

Approach

When CSL is ready to engage in advocacy efforts it will need to decide on the approach it will take and the activities it will engage in. This stage will vary significantly from issue to issue and will be highly dependent upon the results of the other steps in this Framework. Determining the type of approach that CSL will take is an important step in determining activities. While some activities may require a very public approach that involves mobilizing the community and acting in a more “hard-hitting” manner, at other times CSL may decide it is optimal to quietly advocate for an issue behind the scenes with a softer approach. There are pros and cons to both approaches that will need to be assessed by CSL in each situation. It is likely that elements of both approaches may be used at times. [8]

Activities

As noted in earlier sections of this resource, there is significant overlap and integration of the steps in the advocacy process. The work will not always proceed in a linear fashion. Similarly the development and implementation of the advocacy activities will be heavily connected to and dependent upon other steps in the process. The activities should directly link to the goals and objectives developed in Section 5. Advocacy is most successful when a variety of complementary strategies and modes of delivering the message are used. CSL’s activities will vary with the approach and the issue, but most will fall into one or more of the following categories: [8]

Evidence Gathering & Preparation

Before engaging in advocacy related action CSL must ensure it has adequate knowledge of the situation and materials prepared to respond to supporters, critics, the media, and any other inquiries that may arise. This process is essential to many steps of the advocacy plan and involves gathering primary and secondary sources of information about the issue and the rationale for addressing this issue from a policy approach. An important component may be demonstrating the burden of an injury issue to individuals, the community, and the healthcare system. By identifying available information, CSL may also uncover gaps in data and research that need to be addressed in order to effectively inform the approach. Any information that CSL uses in the conduct of its advocacy activities should be timely, relevant, and from credible sources. CSL may consider the following types of evidence or information when building a case for policy change: [19]

- *Injury Data*: Data on the number of injuries related to the advocacy issue can be used to articulate the burden of the issue to the community and the system. This could include emergency department data, hospitalization data, and/or fatality data.
- *Socio-demographic Data*: It is important that CSL understand whether socio-demographic differences are present in the issue being considered and the extent that this could affect the policy approach.
- *Qualitative Data*: Although quantitative injury data is important, it doesn't always tell the whole story. Qualitative data obtained through methods such as key informant interviews, focus groups, or story telling can not only enhance understanding of quantitative data – it can be a powerful tool for advocacy.
- *Research*: In addition to articulating the burden of the issue via local data, research literature can contribute to understanding of the burden and provide evidence regarding the most effective strategies for addressing the problem. Research literature can be essential to demonstrating the utility of using a policy approach to address the injury issue.
- *Media*: Both traditional and social media coverage of an issue is an additional source of information that can be useful in identifying current trends along with public or political interest.

Once the above noted evidence is gathered, there are a number of supportive documents or tools that CSL can develop to communicate its approach and position, deflect criticism or counter-arguments, and support partners and decision-makers. It is important for CSL to incorporate plans to address opposition into these tools. Common reasons for opposition to injury prevention policy change may include: [7]

- The cost (real or perceived) of the policy change.
- Real or perceived restrictions on individual freedom.
- A non-policy alternative for addressing the issue has not been attempted.
- There are differences in opinion as to how the problem originated and how it should be solved.

Lobbying [20]

Lobbying encompasses a variety of activities that are intended to influence decision-makers on the issue you are advocating for. It is crucial for achieving change to policy or legislation. As identified in the previous section, this involves being clear on whom you are targeting, the best way to reach them, and what their individual motivations are. The targeted nature of lobbying is what differentiates it from campaigning which aims to reach a broader audience. The individual leading the lobby effort for CSL needs to be a strong communicator, an expert in the issue, and deeply committed to it. Timing is a crucial component of lobbying. Being aware of government schedules, the legislative process, and the election cycle are important to ensuring your efforts are appropriately timed and strategic.

In addition to being prepared as an organization, CSL should also be able to demonstrate the support of others and effectively address opposition. Demonstrating support can include mobilizing partners as discussed earlier in this resource or persuading other influential organizations or individuals to give messages of support. Understanding the methods, messages, and motivations of your opponents will enable you to refute their arguments and/or dispel myths or misrepresentations of information.

A number of ways of lobbying have been identified:

- *Insider advocacy*: Insider advocacy involves working directly with policy makers with whom you have a relationship. This relationship may be a one-on-one relationship or it may exist through membership on a committee or working group. Ideally your organization is recognized as an expert on the issue and a trusted resource for policy makers, thereby enhancing its influence over the policy process.
- *Consultation*: Governments often initiate consultations with a range of interest groups in the event that a policy change is being considered or a strategy being developed. Participation in these processes is important so as to ensure your viewpoint is shared and to keep informed of the activities. In addition to being able to share your organization's position at a consultation, it is also important to be represented by someone with strong analytic skills and knowledge of the issue so that any policy options or plans that are presented for feedback can be critically reviewed.
- *Direct Communication*: Lobbying also involves presenting your position and evidence to decision makers in a written and/or verbal format. If you are able to have a face-to-face meeting with a decision-maker, it is important to be well prepared and concise as your meeting time will likely be brief. Clarify in advance the expectations in the event that a presentation is expected. While face-to-face meetings are preferable, written submissions are helpful when this is not possible or can be used in advance of a personal meeting. Written submissions may include letters and submission of evidence in the form of reports or position statements. See Appendix A for CSL's Position Statement

template. Ensure that letters are personalized to the recipient and that they are no longer than 1-2 pages. Be specific about the issue and request a response or follow-up meeting. [7]

- *Presentations at Conferences or Meetings:* Although it may not always be possible to secure an individual meeting with your target, there may be opportunities to have your issue and position heard at a conference or a meeting where a decision-maker may be present. This may also be a prime opportunity to network with other like-minded organizations and establish partnerships.

Campaigning

In contrast to lobbying, campaigning is designed to reach a broad audience such as the general public and inform and mobilize them in support of the desired policy change. Campaigning is important when the level of knowledge about the issue and the potential for prevention is low. Therefore it is important to raise awareness of the problem but also the policy solution to ensure that knowledge leads to action. Ultimately, CSL will want decision-makers to know that the issue has public support.

Campaigning will involve many of the previous steps outlined in this resource including the development of key messages, the strategic use of a messenger, and mobilizing partnerships. To enhance visibility, CSL can choose from a wide range of tactics including use of traditional and social media, its website and newsletter, print or online materials, and advertisements.

The extent to which CSL engages in campaigning will vary depending on the issue, the level of political will for the policy change, and the overall approach that is decided upon for the advocacy strategy. There can be risks to campaigning in that it can result in government being viewed in a negative light. However this is not always the case and support from the public for a change in policy may be positive for decision-makers. The risk associated with this can be assessed using the tool in the following section.

Media & Communications

Media and Communications is both a stand-alone section and an important component of the other activities noted above. Media and communications can be part of campaigning or could emerge in cases where the approach of CSL is quiet lobbying if the issue garners public attention. Both traditional and social media provide an opportunity to reach a large and varied audience. This broad communication serves to raise awareness of an issue and to mobilize support or action from the public or other organizations. Media attention on a policy issue can also draw attention to the role of governments or other policy makers.

As noted above, the media may approach CSL but there are many times when CSL may need to lobby the media to produce a story on an injury issue or proposed solution. There are a variety of strategies that CSL can use to draw attention of reporters including social media, press releases and conferences, announcements, invitations to events, and interview requests. [6] Work completed in previous steps such as key messages and identifying the messenger will be important for communications planning.

The use of social media has emerged as a key component of sharing and disseminating information, gaining support, and influencing decision makers. Twitter and Facebook are commonly used social media sites in the Maritimes that provide a range of opportunities for advocacy. They can be used to mobilize the public and to directly reach decision makers at multiple levels of government. During an advocacy effort, the way in which CSL uses social media will vary depending on the approach that the organization decides to take. When using a softer approach, CSL will likely avoid targeting individuals or politicians with messaging but may opt to share facts on the issue or link to its position statements or fact sheets. In a case where CSL chooses to engage in more public campaigning on an issue, social media sites can be used to directly send messages or ask questions to decision makers, organizations, councils, departments, or other entities. It can also be used to enhance public attention to the issue. As an example, a quieter effort may tweet or post on Facebook the following:

Did you know? Drowning is a serious risk for children in the summer. For more information go to {insert link to resource}.

In a more targeted campaign, CSL may opt to do the following to mobilize community support:

4-sided fencing on pools saves lives. Contact your municipal councilor about this important by-law! {Insert link to resource}.

Or to directly target a decision maker:

{Insert councilor name} will you support a by-law for 4-sided fencing in your town?

Use of social media does require preparation and time to engage in dialogue in the event that you are successful in generating attention. In developing your advocacy strategy, CSL can prepare in advance material and bites of information for release in social media. The organization can also make preparations for the types of responses or questions it may receive from other social media users. CSL should also view social media as a means of gathering information and “taking the pulse” of an issue in the community.

8

Identifying and Managing Risks

Engaging in advocacy is not without risks however proper identification, analysis, and management can help mitigate risk to the organization, partners, and the cause. Risk will vary with the advocacy issue and the social and political context in which it takes place. Although risk analysis can take place early in the process with consideration of these variables, it should also be refined and revised as needed once the strategy for advocacy is near finalization. The tactics that CSL decides to use as part of its advocacy strategy will also affect risk.

In any given situation a large number of risks can be identified. As such it is also important to identify the probability and importance of this risk occurring. This assessment will assist CSL in identifying the level of threat the risk presents and strategies for mitigating that risk. If a risk level is determined to be very high, CSL may need to adjust its strategy. If risk is low or medium, small steps to mitigate the risk may be sufficient.

The following tool can be used by CSL to identify risks, assess the level of risk, and identify strategies for risk management.

F. Identifying and Managing Risks

| Risk | Probability | Importance | Risk Level | Mitigation |
|--|--|---|--|---|
| Identify the area of concern | Assess the likelihood of the risk occurring 1 = low 5 = high | How important would this risk be to CSL? 1 = low 5 = high | Probability x Importance Low = 1 High = 25 | Identify steps or strategies that can be used to mitigate risk. |
| E.g. An advocacy group with opposing views publicly attempts to discredit CSL. | 3 | 3 | 9 | Anticipate industry & lobby groups messaging. Develop counter messages. Identify influential CSL supporters who can speak. Proactively disseminate messages. Be prepared to respond to criticism and media. |

See a blank version of this worksheet on page 40 of the appendices.

In addition to the risk considerations noted above, CSL is in a unique situation as a program within a larger organization – the IWK Health Centre. The IWK is a hospital that provides care to children, youth and women across three provinces and is a District Health Authority in the province of Nova Scotia. This relationship means that CSL must also consider the implications and risks of any advocacy activities on the IWK as an institution. The above risk analysis tool is applicable in this situation, but it also merits consideration in other steps of the advocacy process. CSL will need to strategically assess as it moves through this process when to engage and consult with other divisions of the IWK that may have a position or be impacted such as Public Relations, the Foundation, and the leadership. The activities noted in the section on Evidence Gathering and Preparation can provide an opportunity to connect and align with the larger institution by co-producing key messages and position statements or jointly engaging with media. IWK medical staff may act as important messengers for the campaign. In each individual case, it will be important for CSL to clearly determine the position of the IWK and the role that it will play in the effort.

9

Monitoring and Evaluation

Monitoring and evaluation is an important component of any advocacy strategy for tracking progress, assessing the process, and determining the extent to which outcomes have been met. Planning how to monitor and evaluate advocacy and policy work should be integrated from the early stages of the process while the strategy is under development. By conceptualizing the evaluation early on, evaluation and evaluative thinking becomes part of the process. [9] There are unique elements to monitoring and evaluating advocacy work that are important to keep in mind: [6]

- Advocacy and policy change can have unpredictable timelines that are out of your control as an organization.
- Your strategy will shift over time. As a result the milestones in your initial plan will also need to evolve and change.
- Monitoring and evaluation will focus on contribution, not attribution. This means that CSL may not always be able to directly attribute or claim its efforts resulted in a specific policy change however they may be able to demonstrate a contribution to that change.
- Monitoring and evaluation for advocacy will focus as much on the process as the outcome.
- Context is an important part of identifying the approach to monitoring and evaluation.

Logic Models

A useful tool for planning and ultimately evaluating is a logic model. Logic models provide a means of conceptualizing the theory of change by linking the means to an end and clearly identifying to movement from activities to outcomes. At its simplest, logic models move from your stated objectives to inputs into activities, from activities to outputs, and from outputs to a series of outcomes that may range from short term to long term (your ultimate goal). [9] The “outputs” section of the logic model will identify measureable activities or tactics used by CSL. As noted above, these outputs will feed into a range of outcomes the achievement of which can also be used as an indicator of success. Because the advocacy process can be long-term, it is important to have earlier milestones to track progress. [6] This will assist CSL in identifying indicators and opportunities for data collection, ultimately contributing to the overall evaluation design. For a basic logic model template, see Appendix C and for a sample of CSL’s child passenger safety logic model go to page 34.

Evaluation Design

The evaluation design will help CSL determine how it is going to monitor and evaluate its work in order to determine whether its goals and objectives have been achieved. The design will be guided by a number of factors including the intended use and intended users. [9] Evaluation can be used to demonstrate accountability in producing the intended results, informing decision making, and sharing information with others. [6] Monitoring the activities and the process of advocacy work will assist CSL to identify whether the planned activities and outputs are taking place, whether there is a need to adapt the plan, and the extent to which

the planned results are still relevant and achievable. [10]

Establishing indicators will assist CSL in measuring its progress and identifying how to track progress and change. Fewer indicators are likely better due to the resource implications and impact on data collection. Indicators may be quantitative (numerical) or qualitative. In developing indicators, CSL should consider how best to measure achievement of the identified results, the feasibility of collecting data to meet the indicator with available resources and within a reasonable timeframe, and the type of information that would best demonstrate a positive change. [10]

The identification of indicators will guide CSL in choosing data collection methods. The choice of data collection methods ultimately needs to be realistic for CSL and its partners. [7] Mixed use of qualitative and quantitative methods provides a range of options to collect data and assess process and impact. Data collection may begin early on to provide a baseline measure for comparison. The following methods of data collection are likely to be useful for evaluating the advocacy process and the outcome:

- *Key informant interviews*: Interviews with individuals involved in or affected by the advocacy activities or policy process can help CSL assess both process and outcomes.
- *Surveys or questionnaires*: This tool can be used with a large number of people and may include qualitative or quantitative measures.
- *Focus groups*: Focus group data is qualitative and typically involves facilitated discussion with 8-10 individuals.
- *Injury data*: Health system data on injury-related fatalities, hospitalizations, and emergency department visits can help CSL assess the long term outcome of a policy on reducing child and youth injury.
- *Online measures*: These could include monitoring social media and website traffic or other metrics.

The following tool is proposed to assist CSL in monitoring and evaluation: [21]

G. Monitoring and Evaluation

| Expected Results | Indicators | Data Collection Methods | Timeframe | Responsibility |
|--|---|--|--|----------------------------|
| <i>What are the expected outcomes?</i> | <i>How will you know the outcomes have been achieved?</i> | <i>How will you collect data to populate the indicators?</i> | <i>In what timeframe will this be completed?</i> | <i>Who is responsible?</i> |
| Outcome 1 | Baseline: Target: | | | |
| Outcome 2 | Baseline: Target: | | | |
| Outcome 3 | Baseline: Target: | | | |

See a larger version of this worksheet on page 41 of the appendices.

Appendix A: Position Statement Template

Child Safety Link

Position Statement: TITLE

DATE

Purpose

This section will provide a brief 1-2 sentence articulation of the purpose of the position statement.

The purpose of this position statement is to articulate the position of Child Safety Link on...

Background

This section will be consistent across Position Statements and be roughly 1-2 paragraphs in length. It will articulate the vision and mandate of Child Safety Link and also the IWK if appropriate. This will help to frame the need for the particular position statement and how it fits with the work of Child Safety Link and the IWK.

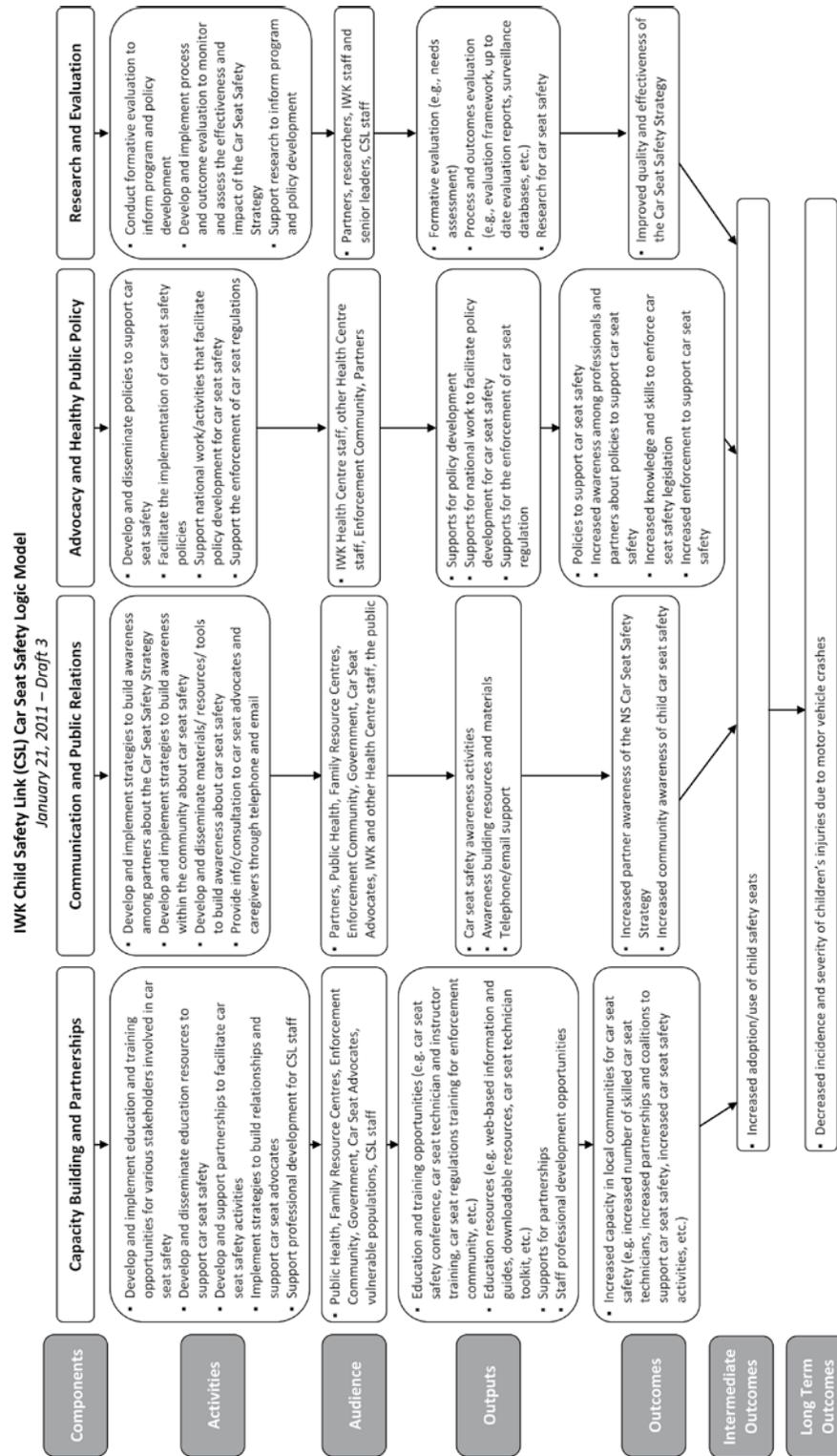
The Issue

This section of the position statement will provide an overview of the evidence related to the issue being addressed in the position statement. It will include available data to demonstrate the burden of injury related to the issue along with published research from other jurisdictions to articulate best practices for injury prevention. Although the length may vary depending on the issue and its complexity, it is recommended that this section be roughly 1-2 pages in length.

Child Safety Link Statements of Position

This section will give very specific statements of position on the issue being considered in the position statement. The foundation for these statements should be supported in the previous section. The number of statements required will vary by issue. Each statement should be clear, specific, and address a key component of the issue in question.

Appendix B: Logic Model Sample



See a blank version of this worksheet on page 44 of the appendices.

A. Advocacy Priority Setting

| Policy | Cost | Opportunity | Health Impact | Overall Grade |
|--------------------|--|---|---|---|
| Name of the policy | <p>What are the human & financial resources required?</p> <p>Low = A Medium = B Uncertain = C High = D</p> | <p>Is there a likelihood of progress?</p> <p>Very likely = A Likely = B Uncertain = C Unlikely = D High = A</p> | <p>How great will the health impact of the policy change be? Will there be negative impacts?</p> <p>High = A Medium = B Uncertain = C Low = D</p> | <p>What is the average grade and level of priority?</p> <p>High priority = A Medium priority = B Low priority = C Very low priority = D</p> |

B. Identifying Partners and Collaborators

| Name | Description What is the primary purpose of this organization? | Potential Role in Advocacy & Policy Process | Area of Expertise What type of expertise will this partner contribute? | Level of Commitment How supportive is this organization? | Resources What resources can this partner contribute? Consider financial, staff, skills, etc. | Constraints What are the limitations to this partner's participation? |
|--------|--|---|---|---|--|--|
| ISSUE: | | | | | | |
| | | | | | | |
| | | | | | | |

C. Identifying Opponents

| Identifying Opponents | Opponent 1 | Opponent 2 |
|----------------------------|------------|------------|
| Name of the Opponent | | |
| Reason for Opposition | | |
| Level of Active Opposition | | |
| Level of Power | | |
| Opponent Tactics | | |
| Action | | |

D. Identifying Target Audiences

| Advocacy Issue | Target 1 | Target 2 |
|--|----------|----------|
| Name of Target | | |
| Interest in the Issue | | |
| Level of Opposition or Support <i>Is the target a strong or medium strength ally? Are they neutral on the issue? Are they a strong or medium opponent?</i> | | |
| Level of Influence <i>How strong is the target's influence over the issue?</i> | | |
| Level of Knowledge <i>How high or low is the partner's level of knowledge over the issue and the evidence?</i> | | |
| CSL Goal <i>What goal does CSL have for targeting this individual or organization?</i> | | |
| Level of Access <i>Does CSL or any of its partners have access to the partner?</i> | | |
| Possible Strategies <i>What strategies might this target respond to?</i> | | |
| Target Accountable <i>To whom and how is this target accountable?</i> | | |
| Likelihood of Achieving Goal <i>How likely or unlikely is it that this individual or organization will support CSL's actions?</i> | | |

E. Developing Key Messages

| Statement of Primary Message: | | |
|---|--|---|
| Audience Name of Audiences Identified as Important Targets | Concerns What concerns does this audience have that could be relevant? | Possible Messages What are some possible messages that both further the primary message and address the concerns of the target? |
| | | |

F. Identifying and Managing Risks

| Risk | Probability | Importance | Risk Level | Mitigation |
|------------------------------|--|---|--|---|
| Identify the area of concern | Assess the likelihood of the risk occurring 1 = low 5 = high | How important would this risk be to CSL? 1 = low 5 = high | Probability x Importance Low = 1 High = 25 | Identify steps or strategies that can be used to mitigate risk. |
| | | | | |

G. Monitoring and Evaluation

| Expected Results | Indicators | Data Collection Methods | Timeframe | Responsibility |
|---------------------------------|--|---|---|---------------------|
| What are the expected outcomes? | How will you know the outcomes have been achieved? | How will you collect data to populate the indicators? | In what timeframe will this be completed? | Who is responsible? |
| Outcome 1 | Baseline: Target: | | | |
| Outcome 2 | Baseline: Target: | | | |
| Outcome 3 | Baseline: Target: | | | |

Advocacy Planning Worksheet: Summary

| |
|--|
| What change do we want to have? |
| What is our advocacy goal? |
| What are our advocacy objectives? 1. 2. 3. |
| What are our key messages? Primary: Secondary: |
| Who are our targets? |
| What activities will help us meet our objectives? |
| What are the risks and how will we address them? |
| How will we evaluate? |

Logic Model Template

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Components

Activities

Audience

Outputs

Outcomes

Intermediate
Outcomes

Long-Term
Outcomes

References

- [1] Christoffel, K. (2000). Public health advocacy: Process and product. *American Journal of Public Health* (90)5, 722-726.
- [2] Vancouver Coastal Health. (n.d.). *Vancouver Coastal Health Population Health: Advocacy Guideline and Resources*. Retrieved from http://www.vch.ca/media/Population-Health_Advocacy-Guideline-and-Resources.pdf
- [3] World Health Organization. (1986). *Ottawa Charter for Health Promotion*. Retrieved from http://www.euro.who.int/_data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf?ua=1
- [4] WHO. (1988). *Adelaide recommendations on healthy public policy*. Retrieved from <http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index1.html>
- [5] Gielen, A. & Sleet, D. (2003). Application of behavior-change theories and methods to injury prevention. *Epidemiological Review*, 25, 65-76.
- [6] UNICEF. (2010). *Advocacy toolkit: A guide to influencing decisions that improve children's lives*. Retrieved from http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf
- [7] The Health Communication Unit. (2004). *Developing health promotion policies*. Retrieved from http://www.thcu.ca/infoandresources/resource_display.cfm?res_topicID=7
- [8] VSO. (2012). *Participatory advocacy: A toolkit for VSO staff, volunteers and partners*. Retrieved from <http://www.vsointernational.org/Images/advocacy-toolkit-tcm76-25498.pdf>
- [9] Patton, M. Q. (2008). *Utilization-focused evaluation*. 4th Edition. Sage Publishing.
- [10] United Nations Development Program. (2009). *Handbook on planning, monitoring and evaluation for development results*. Retrieved from <http://web.undp.org/evaluation/evaluations/handbook/english/documents/pme-handbook.pdf>
- [11] Decision to Act section partially adapted from the Annapolis Valley Health Population Health/Healthy Communities Advocacy Framework: Phase 1. June 2010. Retrieved from http://www.avdha.nshealth.ca/sites/default/files/advocacyframework2010_1.pdf
- [12] Priority setting table adapted from the USAID Health Policy Project. Retrieved from http://www.healthpolicyproject.com/pubs/325_RoadMapforPolicyandAdvocacyInterventLFORM.pdf

- [13] Partnership table adapted from the USAID Health Policy Project. Retrieved from http://www.healthpolicyproject.com/pubs/325_RoadMapforPolicyandAdvocacyInterventLFORM.pdf
- [14] Questions for identifying opponents adapted from VSO (2012) http://www.vsointernational.org/Images/advocacy-toolkit_tcm76-25498.pdf
- [15] Table for understanding opponent adapted from VSO (2012)
- [16] Table for identifying target audiences adapted from UNICEF. (2010). Advocacy toolkit: A guide to influencing decisions that improve children's lives. Retrieved from http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf
- [17] Secondary message table adapted from UNICEF. (2010). Advocacy toolkit: A guide to influencing decisions that improve children's lives. Retrieved from http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf
- [18] Adapted from UNICEF. (2010). Advocacy toolkit: A guide to influencing decisions that improve children's lives. Retrieved from http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf
- [19] Adapted from The Health Communication Unit. (2004). Developing Health Promotion Policies. Retrieved from http://www.thcu.ca/infoandresources/resource_display.cfm
- [20] Unless otherwise indicated, the section on lobbying is adapted from VSO. (2012). Participatory advocacy: A toolkit for VSO staff, volunteers and partners. Retrieved from http://www.vsointernational.org/Images/advocacy-toolkit_tcm76-25498.pdf
- [21] Monitoring and evaluation table adapted from United Nations Development Program. (2009). Handbook on planning, monitoring and evaluation for development results. Retrieved from <http://web.undp.org/evaluation/evaluations/handbook/english/documents/pme-handbook.pdf>

