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UNIVERSITIES' ROLE IN PUBLIC HEALTH ADVOCACY:

A SAMPLE OF MODELS AND PRACTICES

Brief

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Background

Universities and research centers have traditionally been places of knowledge *generation* rather than knowledge *translation*. Though they produce important research findings, these institutions have not traditionally played a strong role in disseminating this information to key decisionmakers. In many cases, however, this paradigm is changing. Advances in information technology and globalization have eased the flow of technical information between researchers and policymakers, amplifying their voices in important policy discussions. However, there are currently no clear guidelines on how universities can ensure their research findings are utilized in health decision making.

Communication channels between research and policy-making bodies are often poorly defined and hindered by conflicting priorities, differing levels of technical expertise, and varying communication styles. For socially and politically challenging issues—such as HIV and reproductive health—these relationships are further strained, since many academic institutions are funded by the very government processes they are poised to inform.

Documenting the ways in which universities have historically sought to bridge the research-to-policy divide can provide useful guidance to institutions looking to do the same. A review of academic literature, published guidance on increasing capacity for evidence-informed health policy, and websites of various schools of public health suggests that universities use one of three overarching models to engage in health advocacy:

1. Research and advocacy centers housed within universities
2. Partnerships between academic institutions and community organizations
3. Leadership and/or educational programs in health advocacy and communication

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This brief provides an overview of these models along with examples of each approach. It also presents common practices among non-educational institutions that may serve as useful frameworks for linking research to policy, or opportunities for partnerships. Finally, it identifies key points for universities to consider when designing an approach to health advocacy. By reporting on established processes that universities have used to translate research findings into policy recommendations, this paper provides guidance to universities looking to effectively communicate and champion their work.

The PEPFAR Local Capacity Initiative (LCI) is a global initiative led by the Office of the Global AIDS Coordinator, aimed at strengthening the capacity of institutions to engage in evidence-based health advocacy. As part of USAID and PEPFAR's Health Policy Project (HPP), LCI staff provide technical assistance to targeted LCI grantees in select low- and middle-income countries to develop capacity in health advocacy at the community, regional, and national levels.

The University of the West Indies (UWI) received LCI funding to link research activities with program decision making and policy. In advance of an organizational assessment completed in June 2014, HPP conducted this review of ways in which research institutions engage policy audiences and decisionmakers. This brief provides an overview of three major models of engagement and examples of each approach, including activities conducted under HPP. It also presents best practices among non-educational institutions that may provide useful frameworks for linking research to policy or opportunities for partnerships.

Models of University Involvement in Health Advocacy

1. Research and Advocacy Centers Housed within Universities

Educational institutions are inherently well-positioned to lead health advocacy activities. Policymakers are more likely to rely on information from established experts, and universities come equipped with thought leaders (Feldman et al., 2001; Mirzoev et al., 2013). Likewise, there is often infrastructure in place at research institutions for the management of funds and the human resources needed to support these activities (Mirzoev et al., 2013). Recognizing that successful policy adoption is the result of multiple levels of influence (e.g., sound scientific and policy research, compelling communication, and established personal relationships), some universities have capitalized on these built-in strengths and assembled multidisciplinary teams that act as one-stop shops for translating research to action. These centers may combine staff with expertise in scientific research, knowledge of the local policy process, and experience in health communication and advocacy. While universities already have the infrastructure and expertise in place to create successful research and advocacy centers, substantial investment is still needed in terms of funding, management, and leadership. Two examples of the research and advocacy center model are highlighted below.

Example 1: International Vaccine Access Center, Johns Hopkins Bloomberg School of Public Health, Baltimore, U.S. (www.jhsph.edu/research/centers-and-institutes/ivac)

The International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland grew out of two Hopkins-based research and advocacy projects. Together, these projects successfully fast-tracked the uptake of Hib and pneumococcal conjugate vaccines. The center supports "data-driven policy making" and aims to accelerate the policy process by calling on an interdisciplinary team to generate, synthesize, communicate, and champion vaccine research. The center has staff in five disciplines that work together to support its mission: epidemiology; economics and finance; operations research; policy, advocacy, and communications; and operations. IVAC seeks to form and nurture comprehensive networks

of stakeholders to anticipate research and policy needs and build relevant partnerships.

As an example of IVAC's work, the center received funding from the Bill & Melinda Gates Foundation to partner with the Nigerian government, the Nigerian Pediatric Association, and Nigerian and international stakeholders on planning a National Vaccine Summit to discuss national vaccine strategies in Nigeria. The center also maintains a website that contains resources for policymakers, advocates, and other key stakeholders. Though IVAC is situated within the university, funding for the project comes mainly from outside institutions, foundations, and industry. Partners include PATH, the World Health Organization, the Centers for Disease Control and Prevention, the Global Coalition Against Child Pneumonia, research centers, and universities around the globe.

Example 2: Centre for Health Policy in the School of Public Health, University of Witwatersrand, Johannesburg, South Africa (www.chp.ac.za)

The Centre for Health Policy (CHP) is a multi-disciplinary health policy research unit situated within the School of Public Health at the University of Witwatersrand, Johannesburg. It was established in 1987 with the goal of informing the development of a post-apartheid health system. CHP has an annual budget of approximately R 10 million (US$1.4 million), with core operational funding from the South African Medical Research Council and supplementary funding from the university. Research salaries and project costs are funded primarily through competitive research grants (Rispel and Doherty, 2011). Unlike IVAC, the staff at CHP are mainly researchers (17–21 persons), with a small support staff (5–10 persons) responsible for communications, grants and operations, finance, and administration. In this way, CHP has a heavy focus on translational research as a means of advocacy.

In a paper highlighting examples of CHP's contributions to domestic health policy, Rispel and Doherty (2011) identified three factors that contributed to the organization's ability to enact and sustain influence on policy:

- **Trustworthiness:** CHP conducts high-quality research and disseminates results via trusted outlets. The center was established with a clear set of core values that continue to inform its research and administrative decisions, such as not seeking funding from organizations with a vested interest in the outcomes of its research (e.g., pharmaceutical companies). As such, the center has become a trusted point of reference for policymakers.
- **Strategic alliances and networking:** Although CHP is small it has been able to take on large projects through collaborations with similar organizations. These include the Health Economics Unit of the University of Cape Town and the Health Policy Unit of the London School of Hygiene and Tropical Medicine. Such partnerships have, "allowed the Centre to have an influence on the policy community beyond its size" (Rispel and Doherty, 2011, p. S22).

What is Advocacy?

The term "advocacy" has a wide range of definitions and uses within public health (Reid, 2000). In this paper, we conceptualize advocacy as a concerted effort to communicate and champion health research to decisionmakers with the aim of having an appreciable effect on policy. Activities might include

- Disseminating research through media and promotion
- Lobbying (both formal or informal) based on research findings
- Convening researchers and policymakers through meetings or public events
- Conducting trainings for government officials
- Partnering with community members or organizations to deliver targeted messages
- Consolidating resources for policymakers in an online platform or clearinghouse

- **Capacity building among current and future policymakers:** CHP has trained many junior

researchers who have gone on to work in government, in particular the National Department of Health. This, along with organizing courses for mid-level government officials, has helped CHP forge key relationships and build a receptive audience.

Research and Advocacy Centers: Key Takeaways

- The research and advocacy center model recognizes the many players that are necessary for effective research-based advocacy, and consolidates resources under one roof.
- Centers are often based in a university department or academic center, but partnerships and collaborations are essential to ensuring the reach and success of projects.
- Funding tends to come from outside institutions, foundations, and industry.
- Forming a new center may be expensive and time-consuming, but offers long-term benefits.

2. Academic-Community Partnerships

Recent years have seen an increase in research that engages and enables communities, particularly within the field of public health. Approaches such as community-based participatory research (CBPR) and community action research promote community involvement in identifying issues of importance, generating useful and relevant data, and building capacity among stakeholders. Just as research partnerships allow each party to leverage the knowledge, skills, and resources of the other to produce action-oriented research, collaboration can lead to more effective advocacy. Below are three examples of academic-community partnerships that have demonstrated success in affecting policy.

Example 1: Ben-Gurion University of the Negev, Beer-Sheva, Israel (see Kaufman, 2004)

Amid growing recognition of mounting poverty and hunger in the Negev area of Israel, faculty members and students of the social work department at Ben-Gurion University of the Negev led a multi-institutional effort to raise awareness, mobilize support, and pressure policymakers to address food insecurity. Beginning in 2001, faculty and students engaged community and government agencies to conduct a community survey to measure levels of food security. They convened a multidisciplinary conference to disseminate and discuss results with appropriate stakeholders (Kaufman, 2004). Relationships established during the survey and conference led to a multipronged advocacy campaign for children's food security. The campaign involved forming a public lobby, utilizing resources of a newly formed Joint Forum of Faculty and Students for Social Justice, drafting a widely signed petition, and drumming up support from a "pressure group" of parents' groups and professionals. These efforts resulted in the prime minister forming a task force to develop guidelines for the operation of a national school food program and to draft the National School Lunch Program Bill (Kaufman, 2004). The many activities and partnerships undertaken by the university served both social and academic purposes. In addition to affecting social change, the campaign formed long-lasting academic-community research partnerships and the social work department incorporated lessons learned from the campaign into its curriculum.

The work done at Ben-Gurion University illustrates how an academic department can successfully collaborate with community organizations to enact policy change on a specific issue. Some partnerships were especially helpful. For example, by engaging two major social-change organizations, faculty and staff were able to leverage those organizations' networks in a grassroots campaign while learning important lessons in advocacy. In a 2005 paper, a Ben-Gurion University faculty member summarized the preconditions for a university to successfully engage communities in advocacy (Kaufman, 2005):

- **Commitment:** A defined commitment to promoting social change should be reflected in school policies and culture (e.g., incentives for faculty and students to engage with the community)
- **Legitimacy:** The university's social activism must be perceived as legitimate, positive, and non-threatening by the community
- **Competency:** The university has institutional mechanisms and community contacts that enable collaboration for the purposes of social change

Example 2: Detroit Community-Academic Urban Research Center, Detroit, U.S. (www.detroiturc.org)

The Detroit Community-Academic Urban Research Center (Detroit URC) was founded in 1995, and was originally funded through a cooperative agreement with the Centers for Disease Control and Prevention under the Urban Research Centers Initiative. The center implements various community-based participatory research projects in neighborhoods across Detroit. The center is similar to the research and advocacy centers described above in that it draws upon people with multiple areas of expertise; however, it is not located within a university, nor does it employ a large staff. Instead, it is overseen by a board comprising representatives from various community-based organizations; the Detroit Department of Health and Wellness Promotion; the Henry Ford Health System; and the University of Michigan Schools of Public Health, Social Work, and Nursing. This multidisciplinary board identifies priorities and subsequently convenes CBPR teams for individual projects.

Among its many projects, Detroit URC maintains the Community-Academic Research Network, an online directory of researchers and community organizations that facilitates partnerships and information sharing among community stakeholders. Members of the free network, selected through an application process, enjoy access to Detroit URC partners and may receive assistance from experts in translating and communicating project results. Training and capacity building are also key components of the center's advocacy efforts; a specific example of this is detailed in the following section of this paper.

Example 3: University of the West Indies partnerships under the Health Policy Project (see Health Policy Project, 2013)

The University of the West Indies (UWI) has participated in a number of multisectoral initiatives throughout the Caribbean to combat HIV-related stigma and discrimination, many of which have been implemented under HPP. In Jamaica, the UWI HIV/AIDS Response Programme (UWI HARP) has worked with HPP to forge partnerships with government and civil society to enhance communication throughout the policy-making process. Specifically, UWI HARP has acted a convener, initiating and guiding partnerships and serving as a conduit between civil society and government. While a formal analysis of this convener approach has not been completed, discussions with staff suggest that UWI HARP is becoming the go-to entity for government and organizations, and that it is perceived as having a high level of legitimacy. Likewise, civil society stakeholders have expressed that they feel as though they are better able to reach policymakers because of UWI HARP's facilitation.

In another project, part of a regional initiative by the Pan Caribbean Partnership Against HIV & AIDS, UWI helped to implement a piece of an intervention package aimed at implementing stigma-free HIV services. UWI and HPP conducted a survey of health facility staff in St. Kitts & Nevis and reviewed results in a participatory workshop with key stakeholders. Through a facilitated discussion, workshop participants jointly recommended training and education tailored to the St. Kitts & Nevis context, a patient bill of rights, and facility-level codes of conduct.

Academic-Community Partnerships: Key Takeaways

- Academic-community partnerships can be formed through specific projects that focus on one issue or through broader collaborative relationships.
- By capitalizing on faculty expertise and existing networks, universities can establish themselves as necessary conveners in the research-policy process.
- Working directly with the community helps to engage and empower those in need.

3. Capacity Development and Training

As the need and expectation for universities to serve as advocates grows, so too does the need for capacity building. Universities can address these concurrent needs by ensuring stakeholders are knowledgeable and skilled at all stages of the policy-creation process. Through training efforts targeted at researchers, program managers, or decisionmakers, universities can simultaneously build in-country capacity while strengthening their own political influence through partnerships and alumni. The establishment of a training program also provides a specific opportunity to initiate and develop relationships with decisionmakers. The following three cases demonstrate university involvement in capacity development or training efforts related to advocacy at the community and regional levels.

Example 1: Detroit URC: Neighborhoods Working in Partnership Project, Detroit, U.S. (Israel et al., 2010)

As a long-standing CBPR partnership, Detroit URC recognized that the relationships forged during participatory research could be useful starting points for advocacy initiatives. This is particularly true due to community organizations that have knowledge of local issues/contexts and established relationships with decisionmakers. In partnership with PolicyLink, a nonprofit organization active in social equity advocacy efforts, Detroit URC designed and implemented the Neighborhoods Working in Partnership (NWP) project. Through training, NWP strengthened neighborhood capacity in policy advocacy. The program was implemented in a stepwise process:

- **Train the trainers:** Community members were chosen to serve as trainers and were taught by Detroit URC staff to deliver the NWP curriculum
- **Neighborhood trainings:** Community trainers led four workshops to educate neighborhood residents in policy and advocacy techniques
- **Technical assistance:** Detroit URC provided ongoing technical assistance to workshop participants in carrying out post-training advocacy activities

A strategic evaluation of the project indicated a significant increase in the number of participants who reported working for policy change in the preceding six months (Israel et al., 2010). The evaluation did not assess any specific advocacy activities conducted by participants. Notably, the authors reported that the project enabled the Detroit URC to deepen existing relationships, develop new partnerships, and widen its reach and visibility. It also strengthened Detroit URC's expertise in the policy-making process, which will inform future research-based advocacy efforts. For more information on this and other CBPR-based advocacy successes, see the review by Minkler et al. (2008).

Example 2: Mental Health Leadership and Advocacy Program in West Africa, Ibadan, Nigeria (www.mhlap.org; Abdulmalik et al., 2014)

The Mental Health Leadership and Advocacy Program (mhLAP) in West Africa is a large-scale initiative developed and led by the Department of Psychiatry at the University of Ibadan, Nigeria, in partnership with CBM International, and the Centre for International Mental Health of the University of Melbourne, Australia (Abdulmalik et al., 2014). Launched in 2010, the program is funded by the Australian Aid Agency and CBM, and implemented in five Anglophone West African countries (The Gambia, Ghana, Liberia, Nigeria, and Sierra Leone).

The University of Ibadan had two main overlapping goals in developing a leadership and advocacy training program: 1) To build capacity for mental health leadership and advocacy; and 2) To develop stakeholder groups with the ability to identify and pursue country-specific mental health service development needs and targets. The mhLAP uses a number of activities to work toward these goals including hosting an annual two-week workshop using a curriculum built on current evidence from the fields of public health, health system development, and mental health burden/services in low- and middle-income countries. Participants include mental health leaders, government officials, policymakers, and caregiver organizations, with the hope of producing informed opinion leaders. The program therefore provides, "both a top-down and bottom-up approach to advocacy in countries, which is based on experience of the need for consistent messages from different actors in order to present strong and effectively communicated arguments for change" (Abdulmalik et al., 2014, p. 2). Importantly, during the initial planning stages of the mhLAP, staff met with a variety of stakeholders, such as Ministry of Health officials and World Health Organization country representatives, to determine priority areas of focus for the program. These meetings led to ongoing partnerships, including technical assistance and oversight by country-level stakeholders.

Example 3: UWI collaboration with the National Institute of Public Health in Mexico, Cuernavaca, Mexico (www.insp.mx/insp-overview.html)

The National Institute of Public Health (INSP) is a leader in public health education and scholarship in Mexico. In 2000, in collaboration with the Mexican government, international aid agencies, and various educational institutions, INSP began offering a diploma program in HIV program leadership to build regional-level capacity. In addition to modules in epidemiology and clinical factors of HIV and AIDS, the curriculum includes classes in multisectoral coordination and advocacy. To date, the program has awarded diplomas to more

than 550 participants from academia, government, and civil society, contributing to a national and regional workforce that has the knowledge and skills to translate research into action (Reeves, 2013). In an HPP-supported evaluation of the program, students expressed the belief that INSP's holistic approach to training promotes, "a more harmonized response to AIDS," and enables alumni in key roles to make evidence-based decisions (Reeves, 2013, p. 3).[1]

To make the curriculum more accessible for mid- and high-level people working in healthcare in the Caribbean, INSP partnered with UWI and the local Caribbean Health Research Council to design an abbreviated two-week version of the course, as well as courses on monitoring and evaluation. Efforts are currently underway by INSP, UWI, and the Caribbean Public Health Agency to develop an English version of this diploma course and a series of workshops for civil society, including one on policy monitoring and advocacy. The aim of the course and workshops is to equip regional and national decisionmakers with the knowledge and skills to affect change. UWI has contributed to this effort by using university faculty's technical and contextual knowledge of the HIV and AIDS epidemic in the Caribbean to inform the curriculum's development and adaptation.

Capacity Development and Training: Key Takeaways

- Coordinated technical training for both decisionmakers and local researchers provides an approach to advocacy that is both top-down and bottom-up.
- The planning process of training programs may offer opportunities to forge communication channels and relationships with key policy stakeholders.
- Capacity-building partnerships are bi-directional. In sharing technical knowledge with policymakers and community organizations, universities will develop a deeper understanding of the policy-making process that can inform future advocacy efforts.

Lessons in Health Advocacy from Civil Society

Nonacademic organizations that operate within the policy-making process offer additional examples of effective research-based advocacy. These groups, such as civil society and nongovernmental organizations, provide useful frameworks for linking research to policy or opportunities for partnerships. Examples of successful approaches include 1) advocacy organizations that have crossed over into translational research, and 2) "knowledge brokers" or appointed intermediaries who specialize in research-to-practice communications.

1. Advocacy Organizations

Advocacy organizations tend to form around a chosen cause or health problem to promote the development of treatments and technologies to better the lives of those affected. These organizations have three advantages over other entities in translating research to practice: 1) a galvanized network of affected individuals, 2) links with scientists and research institutions, and 3) visibility and reputation with policymakers (Terry et al., 2007). They may build vast networks of supporters—from community leaders to political bodies—making these groups valuable partners in efforts to translate research to practice. Additionally, due to the higher degree of autonomy and reliance on private donors, rather than government funds, these organizations often have the flexibility to test and refine novel approaches to research and advocacy that universities might otherwise neglect.

PXE International is an advocacy organization that has demonstrated particular success in this endeavor. By focusing on the disease pseudoxanthoma elasticum (PXE), PXE International has created a hybrid model for research that promotes translational science and advocacy. Specifically, it has, "adopted aspects of academic models (rigorous science), commercial enterprises (commodification and accountability), and advocacy organizations (trust and agility)" (Terry et al., 2007). PXE International accomplished this through the following steps:

- Creating and overseeing an international blood and tissue bank, providing the academic community with an important commodity.
- Establishing a community of trust among those suffering from PXE, who donated generously to the organization and championed the cause.
- Founding an independent research consortium that allowed scientists to collaborate in an environment free from funding constraints and pressure to publish.

PXE International's multisectoral approach mirrors that of UWI under HPP, bringing three entities together to strengthen advocacy efforts, with the organization serving as the convener.

Advocacy Organizations: Key Takeaways

- Advocacy organizations represent important stakeholders with whom to engage and develop reciprocal partnerships.
- By building a reputation as a convener of stakeholders, an organization can become a key component of the research-to-policy pathway

2. Knowledge Brokers and Intermediaries

One of the biggest hurdles to research-based policy change is the communication gap between researchers and policymakers (Hyder et al., 2010; Fisher and Vogel, 2008; Feldman et al., 2001). Rather than increasing the capacity of those on either side of the continuum, a growing number of researchers and practitioners favor the use of independent intermediaries to bridge this communication divide. Often referred to as "research brokers" or "knowledge brokers," these specialized intermediaries focus on targeted, unbiased communication. Examples of knowledge brokers include think tanks and nonpartisan research institutes, though they can also be individuals employed by health ministries (World Health Organization, 2007). By outsourcing research communication and advocacy to an intermediary with appropriate political connections and expertise, universities can increase their ability to advocate and translate knowledge in an efficient and cost-effective way.

Knowledge Brokers and Intermediaries: Key Takeaways

- Knowledge brokers are independent intermediaries that can bridge the communication gap between researchers and policymakers.
- Intermediaries should be unbiased third parties who seek common ground between researchers and policymakers.
- Knowledge brokers represent a low-cost way to ensure that research at the university level is effectively communicated to decisionmakers.

Moving Forward: Considerations in University-led Health Advocacy

Universities and other organizations have taken a variety of approaches to strengthening their influence on health-related policy. These include

- Creating research and advocacy centers within universities
- Fostering academic-community partnerships
- Conducting capacity development activities with researchers and policymakers

Examples of approaches from nonacademic institutions provide additional insight into successful advocacy efforts. Two promising practices from areas outside of the academic realm identified in this review are

- Leveraging the resources of advocacy organizations
- Utilizing knowledge brokers

The following considerations can help you evaluate which model is best for your project or program:

- **University goals and mission:** University-wide goals or the objectives of a particular college or department may impact the preferred method for health policy advocacy. For example, a department that is seeking to enhance community outreach may choose a method that uses more direct community engagement, such as the academic-community partnership model. A department looking to build important policy relationships may choose to collaborate on its advocacy program with an outside advocacy organization or by utilizing a knowledge broker.
- **Financial capacity:** University goals must be weighed along with the program's financial resources. Approaches that call for significant financial and human resources, such as creating and implementing countrywide training programs, may be unrealistic for a small academic department. Partnerships with existing advocacy organizations or knowledge brokers may provide a cost-effective means of engaging in advocacy.

- **University structure, leadership, and will:** A university needs the right human capital to create and maintain an advocacy center or to foster academic-community partnerships. The individual who leads these efforts might be a new or existing faculty or staff member, and should demonstrate a commitment to translating research into policy. Universities that have personnel with the experience, capacity, and interest to enhance community advocacy can develop more intensive programs. Other university leaders (e.g., the department head, college dean, or university president) may also play an important role, weighing in on their preferred advocacy method.
- **Relationships with stakeholders:** Although the approaches to health advocacy differ, each stresses the importance of developing and nurturing multidisciplinary networks and communities. These networks consist of varied stakeholders—from researchers and public health advocates, to government officials and politicians—who can influence the policy-creation process. A university's existing relationships with various levels of stakeholders should be recognized and leveraged throughout any advocacy activity or model.

Endnote

1. In addition to this UWI-INSP collaboration, UWI HARP supports other, similar training efforts in public health program leadership in the Caribbean. For examples of UWI HARP's training activities, see www.gochli.org.

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