

Brief report

Efficacy of submissions as an advocacy strategy: piloting the Public Health Association of Australia's submission evaluation tool

Jaini Ghatalia^a, Cherie Russell^{a,b}, Megan Ferguson^{a,c} and Katherine Cullerton^{a,d}

- ^a School of Public Health, University of Queensland, Brisbane, Australia
- ^b School of Exercise and Nutrition Sciences, Deakin University, Geelong, Victoria, Australia
- ^e Wellbeing and Preventable Chronic Diseases Division, Menzies School of Health Research, Darwin, NT, Australia
- d Corresponding author: k.cullerton@uq.edu.au

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Introduction

Public health advocates use a variety of strategies to influence policymakers regarding public health policies.¹ Evidence-based submissions to government inquiries and other decision-making bodies are a comparatively low-cost advocacy activity used by public health advocates globally to outline arguments and propose specific strategies.¹ To date, limited studies internationally, and none in Australia, have examined the effectiveness of submissions on public health policy. To address this gap, the Public Health Association of Australia (PHAA) developed an evaluation tool in 2019 to determine submission effectiveness.

Evaluating submissions may identify barriers that generally limit this advocacy strategy's effectiveness.² This study aims to pilot the PHAA submission evaluation tool by examining submission writing as an advocacy strategy in the Australian context.

Methods

We piloted the tool using submissions by the PHAA (sourced from its website) to Federal public health nutrition policy inquiries from 2010–2019. We limited our data to submissions from the PHAA, as it is one of Australia's leading non-government advocacy organisations for public health and offered a pragmatic sample to demonstrate the tool's usefulness. Submissions were included if there was a corresponding, publicly available government report published on the inquiry and if they focused on public health nutrition broadly (rather than additive-specific changes to Australia's Food Standards Code). The time period studied captures periods of government by both major parties, which have differing ideologies. The ideology of the Federal Liberal National Coalition (the Coalition), which was in power from 2013–2022, emphasises minimal state involvement and free market economics³, while the social democratic ideology of the Australian Labor Party (ALP), which was in power

Table 1. Pilot results for the Public Health Association of Australia (PHAA) evaluation tool^a

Report	Year	Inquiry topic	Governing party ^b	Submission quality	Government receptiveness		Organisational influence of PHAA		Policy outcome
					Inquiry features	Previous momentum	Mentions	Alignment	
Review of food labelling law and policy ⁶	2011	Examine policy drivers for food labelling, evaluate current food labelling policies and consider the role of government in the regulation of food labelling	ALP	Very high	High	Moderate	N/A°	High	None
Food security in remote Indigenous Australians ⁷	2014	Assess the effectiveness of the Department of the Prime Minister and Cabinet's implementation of food security initiatives for remote Indigenous communities	Coalition	Very high	High	Moderate	Low	Very high	None
Labelling of sugars on packaged foods and drinks ⁸	2018	Seeks information about labelling of sugars on foods and drinks to identify a preferred policy option	Coalition	Very high	Low	Moderate	N/A°	High	Government inquiry ongoing at time of evaluation
Review of fast food menu labelling schemes ⁹	2018	Review the effectiveness of introduced fast-food menu labelling schemes	Coalition	High	Moderate	Moderate	Low	Moderate	Government inquiry ongoing at time of evaluation
Obesity epidemic in Australia ¹⁰	2018	Investigate stakeholder opinions on a national obesity strategy	Coalition	Very high	Moderate	Moderate	Very high	High	Government inquiry ongoing at time of evaluation
Health Star Rating system draft five years report ¹¹	2019	Acquire information regarding the Health Star Rating calculator and interim uptake targets	Coalition	Very high	Very high	Very high	N/A°	Very high	Health Star Rating system modified

^a See Supplementary File 1 for PHAA evaluation tool scoring matrix (available from: doi.org/10.6084/m9.figshare.21938714.v1): low influence = 0 points, moderate influence = 1 point, high influence = 2 points, very high influence = 3 points.

Coalition refers to Federal Coalition of Liberal Party and National Party; ALP = Australian Labor Party; N/A = not applicable...

^b Governing party at the commencement of the inquiry.

^e Government reports did not reference any organisations' submissions.

from 2007–2013, strives for a balance between a market economy and state intervention.³

To investigate policy outcomes of government inquiries, corresponding government reports were extracted from government websites. The PHAA submission evaluation tool (see Supplementary File 1, available from: doi.org/10.6084/m9.figshare.21938714. v1) draws on Schumaker's levels of responsiveness.⁴ to evaluate the quality of submission content, the government's receptiveness to policy change, and the submitter's organisational influence.

Submission quality includes three factors:

- a) The submission responds to specific inquiry questions
- b) The submission identifies and provides high quality evidence for claims
- c) The submission outlines priorities and strategic approaches for the issue.

Government receptiveness was measured by analysing two factors:

- a) The features of the inquiry, including:
 - i) Objective of the policy/bill under inquiry
- ii) Whether recommendations from submissions were included in the inquiry outcome
 - iii) Stance taken in the call for submissions
- b) Previous momentum/resistance to the proposal, including hearings, inquiries, funding, and policy outcomes.

The tool measured organisational influence by stakeholder category rather than individual groups. This was determined based on the number of times PHAA was: a) mentioned in the final report and b) the proportion of government recommendations aligned with PHAA submissions. The more times submissions were cited in the final report, the higher the organisational influence.⁴

Findings

Six of the 34 available submissions met the inclusion criteria (see Table 1). Despite a high- to very highquality of all submissions, government alignment with PHAA recommendations, and considerable government receptiveness, this evalution found that only one of six included government inquiries, led to any policy outcomes (the Health Star Rating System Five Year Review). This inquiry and related submission scored 'very high' in all tool categories. Some previous studies have demonstrated that submissions are a means for advocates to communicate with current and future governments, record concerns, highlight evidence, raise awareness of public health issues, and impact policymaker perspectives.5 However, our study results did not demonstrate that PHAA submissions were related to policy outcomes, suggesting that submissions may not significantly influence policymaking in the short term.

Discussion & conclusions

A limitation of this pilot is that only one organisation's submissions were assessed and that we present only a limited correlation in this brief report. Both in Australia and internationally, policymaking is a prolonged, complex process with many influential factors, including worldviews and vested interests of stakeholders, interpretation of evidence, and other advocacy strategies. Beyond submissions, studies have acknowledged the influence of relationships with policymakers as a lever for policy change, which can be challenging to establish and maintain for advocates.¹²

We encourage others to iteratively test and refine this tool to improve its usefulness in evaluating submission impact. Focusing on a specific public health topic and analysing a broader scope of submissions would be useful for future research using the tool. The tool may also be helpful for advocacy agencies prior to submission writing, that is, to align submission language to existing government policy and/or to share resources with other health advocacy organisations. As submissions take considerable time, the results from this pilot study are particularly important for advocates when considering the best allocation of their time and efforts.

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Peer review and provenance

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Competing interests

None declared.

Author contributions

KC was responsible for conceptualising the study. JG performed data collection and analysis and wrote the first draft of the manuscript. CR performed further data analysis and wrote the second draft of the manuscript. KC and MF supervised the study, reviewed and edited the manuscript and provided analytical advice.

References

 Stoneham M, Vidler AC, Edmunds M. Advocacy in Action: a toolkit for public health professionals. Western Australia: Public Health Institute of Western Australia; 2019 [cited 2023 Feb 2]. Available from: www.phaiwa.org.au/wpcontent/uploads/2019/09/2019_Advocacy-in-Action-A-Toolkit-for-Public-Health-Professionals-1.pdf

- 2. Pelletier D, Haider R, Hajeebhoy N et al. (2013) The principles and practices of nutrition advocacy: Evidence, experience and the way forward for stunting reduction. Matern Child Nutr 9, 83-100.
- 3. Heywood A (2017) Political Ideologies: An introduction, 6th ed. London: Palgrave.
- 4. Schumaker PD. Policy responsiveness to protest-group demands. The Journal of Politics. 1975;37:488-521.
- .5. Moore M, Yeatman H, Pollard C Evaluating success in public health advocacy strategies. Vietnam Journal of Public Health 2013;1;66-75.
- 6. Australian and New Zealand Food Regulation Ministerial Council. Response to recommendations of Labelling Logic: review of food labelling law and policy (2011). Canberra: Australian Government; 2011 [cited 2023 Jan 12]. Available from: foodregulation.gov.au/internet/fr/ publishing.nsf/Content/53351997D78AAC31CA2583590 07E80F5/\$File/Forum-Response-to-the-Food-Labelling-Law-and-Policy-Review-9-12-2011.pdf
- 7. Australian National Audit Office. Food security in remote Indigenous communities. Canberra; ANAO; 2014 [cited 2023 Jan 12]. Available from: www.anao.gov.au/sites/ default/files/ANAO_Report_2014-2015_02.pdf?acsf_files_ redirect
- 8. Food Regulation Standing Committee. Policy paper: labelling of sugars on packaged foods and drinks. Canberra; Australia and New Zealand Ministerial Forum on Food Regulation; 2019 [cited 2023 Jan 12]. Available from: foodregulation.gov.au/internet/fr/publishing.nsf/ Content/C6995F10A56B5D56CA2581EE00177CA8/\$Fi le/FRSC-Policy-Paper-Labelling-of-sugars-on-packagedfoods-and-drinks-2019-06.pdf

- 9. Australia and New Zealand Ministerial Forum on Food Regulation (the Forum). Consultation summary report: review of fast food menu labelling schemes in Australia. Canberra; Forum; 2018 [cited 2023 Jan 12]. Available from: foodregulation.gov.au/internet/fr/publishing.nsf/Co ntent/7907D41C6C0BC1E0CA2582280023E04D/\$File/ FCSRRFFMLSIAUS20180629.pdf
- 10. Parliament of Australia. Final report. Obesity epidemic in Australia. Canberra; Parliament of Australia; 2018 [cited 2023 Jan 12]. Available from: www.aph.gov.au/ Parliamentary_Business/Committees/Senate/Obesity_ epidemic_in_Australia/Obesity/Final_Report
- 11. Health Star Rating system five year review report. Melbourne; mpConsulting; 2019 [cited 2023 Jan 12]. Available from: www.healthstarrating.gov.au/internet/ healthstarrating/publishing.nsf/Content/D1562AA78A5748 53CA2581BD00828751/\$File/Health-Star-Rating-System-Five-Year-Review-Report.pdf
- 12. Cullerton K, Donnet T, Lee A, Gallegos D. Exploring power and influence in nutrition policy in Australia. Obes Rev. 2016:17(12);1218-25.

