A public health advocacy approach for preventing and reducing gambling related harm

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Abstract

Objective: To develop a framework to guide the application of public health advocacy strategies aimed at preventing and reducing gambling-related harm.

Methods: A narrative review of theories of change and public health advocacy literature.

Results: An eight-step public health advocacy framework was created, which outlines the critical steps and considerations when developing and implementing successful change efforts.

Implications for public health: To date, a clear public health advocacy approach to gambling harm prevention and reduction has not been well established. This study proposes a gambling-specific framework to guide future public health advocacy efforts to prevent and reduce gambling harm.

Key words: gambling, harm prevention, advocacy framework, public health

Public health practitioners have highlighted the important role of advocacy in responding to complex public health issues.[1-3] Public health advocacy may require both the empowerment and engagement of communities to improve health outcomes.[4,5] Researchers have identified factors that contribute to effective public health advocacy, including: using evidence in support of policy recommendations; engaging with communities and the media; and building coalitions and alliances.[6-8] Many advocacy groups and activities have been ad hoc and some have developed from 'grassroots' movements, taking considerable time to establish.[9,10]

Recent research in both Australia and New Zealand has identified the range of gambling-related harms that are experienced by individuals and the broader community.[11,12] These harms have traditionally been explored using an individualised, addiction-based paradigm, which primarily examines the individual and behavioural factors that may contribute to problem and pathological levels of gambling.[13] Researchers have highlighted some of the flaws associated with this approach, with a more recent shift to a public health paradigm, which recognises the broader range of socio-cultural, environmental, commercial and political determinants that may contribute to gambling harm.[14-16] To date, there have been some attempts to approach gambling harm prevention and reduction from this perspective, with advocacy playing an increasingly significant role.[10,17,18]

Although there is increasing acknowledgement that gambling is an important public health concern, one issue that is not yet adequately examined is what a public health advocacy approach to gambling harm prevention and reduction should look like.[10,17] It is therefore important to consider how to systematically build advocacy movements in gambling reform. Given that advocacy ultimately seeks to create change, it is also important to consider whether theories of change can help guide the development of public health advocacy movements that aim to prevent and reduce gambling harm.

The use of theories of change models to guide advocacy initiatives

Theories of change have been used in commercial contexts to develop the rationale for and processes involved in change and are useful for the development of advocacy initiatives. Kotter proposed eight steps in creating effective change (Table 1),[19] arguing that the process is sequential, with steps often overlapping.[20] Although this model originated from business, it has been used in a variety of contexts.[21,22] For example, in their study of food and nutrition policy, Moore et al. identified Kotter's model as useful in determining key elements of effective advocacy.[22] They modified Kotter's model to include additional steps that are significant in the context of food and nutrition.[22] These

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additional steps were embedded into Kotter's model and focused on the importance of long-term relationships in supporting successful advocacy. In particular, being opportunistic when advocating for reform is useful in driving policy change.[22] The present paper further develops Moore et al.'s model and applies Kotter's eight steps for effective change, with a view to proposing a theoretical framework for the application of public health advocacy approaches to gambling.

Step 1: Use independent and rigorous evidence to establish a sense of urgency about the harms from gambling

Kotter argues that a sense of urgency must be created so that the reason for change is clearly understood.[19] One way to achieve this is by developing and using robust evidence. In gambling and other public health issues, this sense of urgency is based on evidence of harms. An evidence base provides advocates with material from which they can identify the problem, and acts as a basis to support calls for reform.[8,23] This is consistent with an advocate's role in promoting and providing further evidence and finding novel ways of disseminating evidence.[24]

The use of robust, independent research for public policy reform is well documented.[25,26] Research in other areas of public health, such as tobacco, alcohol and junk food, confirms that scientific evidence, demonstrating the breadth of harm and potential health implications of delaying policy implementation, is critical in achieving policy reform.[27-29] Kneale et al. recommend the use of evidence targeted to specific population groups, because it provides relevant information to which communities and individuals can relate.[30] There is an increasing body of evidence that highlights the need for regulatory change in relation to specific issues and products, including the negative consequences of poker machines and the saturation of gambling promotion.[31-33] In Australia, many public health advocacy initiatives relating to gambling occur at the local level.[34] However, communities often lack targeted evidence to facilitate policy reform.[35] Ensuring the availability of robust evidence would work towards creating this sense of urgency.

Step 2: Form a guiding coalition to provide leadership and develop strategies to understand and address gambling harm

Kotter's model highlights the need for an overarching coalition that includes individuals and organisations with a sound understanding of the problem, and the expertise to contribute to change efforts.[19,20] Such a coalition acts as a leadership group to gather momentum and ensure the consistent implementation of strategies to facilitate change. Similar to Kotter's arguments, collaboration between stakeholders enhances the credibility and success of public health advocacy efforts, as it provides opportunities for the development of explicit knowledge and increased access to policy makers.[8,36,37]

Coalitions have been important in the implementation of various public health reforms.[37-39] In tobacco, community and government-led coalitions have been fundamental to the implementation of control policies. Australian examples include ACOSH, Cancer Councils, the Heart Foundation and AMA to reduce smoking, and the Australian-based Tackling Tobacco Program, a partnership between community organisations to reduce smoking among low socioeconomic groups.[40,41] One of the benefits of coalitions working on issues such as gambling (as demonstrated in Australia and internationally in relation to tobacco) is that they enable the development and presentation of unified consensus positions.[42,43] However, there are a number of challenges involved in developing coalitions. They can: 1) comprise different stakeholders

Table 1: Application of Kotter's Change Management model to Public Health Advocacy in Gambling Harm Prevention and Reduction (Adapted from: [19,20]).

8 steps for change		Application in gambling advocacy	Current progress
1. Establish a sense of urgency	Information is communicated in a way that emphasises the importance of the problem (creating urgency), with change being presented as achievable.	Development and use of a robust information base focusing on local level information to support the implementation of evidence-based initiatives.	Occurring to some degree within the field of gambling advocacy.
2. Form a powerful guiding coalition	A coalition consisting of individuals with power, expertise, credibility and leadership to enable the development of the change vision and consistent application of the change effort.	Establishing a gambling coalition to provide support from individuals and groups with the skills, knowledge and influence required to achieve effective change.	A range of coalitions have been established. However, there is a need for a cohesive approach to be established which engages a range of stakeholders.
3. Create a vision	Vision is initially developed by the guiding coalition. It also includes strategies designed to achieve the vision.	Creating a change vision that focuses on 'communities free from gambling harm' rather than individuals as the drivers of gambling harm.	A change in language and approach is developing in the rhetoric.
4. Communicate the vision	Communication between coalitions and the wider community increases the chances of the vision being understood and implemented.	Use of media-based advocacy to disseminate the change message to a wide audience. Where appropriate, engaging with and involving individuals with a lived experience in the dissemination of a persuasive argument.	Some evidence of collaboration with media outlets to disseminate the policy message.
5. Empower others to act on the vision	This may involve developing the skills, ability and knowledge of others thus removing obstacles to involvement.	Creating opportunities for community members and leaders, researchers, those with relevant personal experience and the broader community to engage in advocacy via access to independent funding and collaborative initiatives.	Opportunities are restricted due to a lack of available independent funding.
6. Plan for and create short-term wins	Short term 'wins' provide the impetus to achieve long-term goals and reinforces the change vision.	Each 'win' in terms of policy change should be framed and communicated as a positive step forward in the overall change process.	Needs to be more effectively communicated to the community.
7. Consolidate improvements and produce still more change	Consolidating 'wins' can be achieved by developing a critical mass of support. Urgency around a problem should be continuous with the full support of the guiding coalition.	Development of a clear structure that outlines how to evaluate, monitor and understand the effectiveness of advocacy efforts in gambling. Enabling the use of short term 'wins' as evidence to argue for further regulations and contribute to the momentum needed to facilitate large-scale change.	Not yet established.
8. Institutionalise new approaches	People should understand the new approach and how the change has facilitated positive outcomes. Effective communication through 'change champions' is required.	Adoption of a clear public health framework mirroring other established approaches that outline strategies and methods that can establish change.	Not yet established.

who disagree on the end goal; 2) involve poor coalition dynamics that affect decision making; 3) create a competitive environment between stakeholders who perceive *their* work to be particularly important; 4) have limited access to financial resources; 5) have difficulties in identifying clear roles for members; and, because of the previous factors, 6) be unable to sustain long-term partnerships.[44,45]

For gambling, developing a coalition made up of independent gambling academics (who are not constrained by the financial interests of the gambling industry), health organisations (e.g. the Public Health Association of Australia), community members and political actors is important. This would provide support from individuals and groups with the knowledge and influence required for effective change. The significance of an independent leadership group to guide change efforts and provide resources has been highlighted in tobacco control and is important in effective policy change.[38] Therefore, a gambling coalition should ideally involve established, independent, public health focused organisations with access to adequate resources to support change efforts.

Step 3: Create a change vision to highlight the impact of gambling harm

A change vision is initially established by the guiding coalition and outlines strategies to achieve the overarching policy goal.[19] The role that messaging (and its framing) plays in the success of both advocacy strategies and policy outcomes is well recognised.[46-48] Gambling harm is often framed (especially by the gambling industry) using messaging that focuses on 'responsible gambling', with an emphasis on individual gamblers taking responsibility.[49,50] However, key stakeholders advocate for shifting responsibility for harm from individuals to broader contributors such as the industry.[10,17] Messaging strategies from other fields of public health are typically based on four concepts: 1) the adverse consequences of consumption on the community rather than the individual[51-53]; 2) using statistical and epidemiological data, rather than self-reported evidence, to highlight the impact of consumption[51]; 3) proposing population-based solutions rather than focusing on individual responsibility[51,54]; and 4) tailoring messages to specific audiences.[53]

In establishing a clear vision for gambling, customised messages should be developed; for example, using current data that emphasises the losses from gambling and draws on examples that highlight the impact such losses have on individuals, families and communities. Through targeted messaging, the vision for change should reiterate concerns from both the community and those in public health about gambling harm, such as the need to reduce gambling promotions, address poker machine design and availability, and monitor industry involvement in policy development.

Step 4: Using evidence-based research to communicate the broader causes and consequences of gambling harm

Step Four focuses on how to communicate the vision developed in Step Three and involves answering three key questions: 1) who is the message targeting? 2) what message is communicated? and 3) how is the message communicated? Following Kotter's model, researchers have pointed to the importance of policy messages being specific or 'local' to the target population.[30,55] Rather than focusing on the implementation of a 'one size fits all' model when communicating the change vision in gambling, advocates should use evidence that is relevant to the target population and use a mix of local-level and population-based data to ensure the widest reach.[30,55] Emphasis should be placed on the message content – the causes and consequences of gambling harm.[56] Jou et al., Brannstrom and Lindblad, and Happer and Philo have all pointed to consistent engagement with the media as one way to communicate the change vision.[53,57,58] While there is some evidence of this already occurring in the field of gambling harm prevention and reduction, such as the production of the short film *Ka-Ching! Pokie Nation*,[59] consistent use of media as a means to communicate the change vision should continue. The use of media is particularly important given that media-based advocacy has the ability to increase awareness, target decision makers, alter opinions and influence policy outcomes.[60-62] Social media will have an increasingly important role to play in this context.

Step 5: Empowering stakeholders and the community to advocate for gambling reform

In addition to the dissemination of the change vision and its identified key messages, Kotter posits that engagement with and empowerment of key stakeholders is required for effective change.[19] The involvement of researchers and the community is recognised as positively contributing to public health policy reform.[46,63]

According to Kotter, the challenge lies in developing the skills, knowledge and opportunities of others.[19] This is significant in gambling because of the barriers often encountered by those working in gambling reform, such as funding limitations and political constraints.[10,17,64] Further opportunities are needed for gambling researchers to access new independent funding sources that, due to their independence, can assist in producing research that is free from conflicts of interest and contributes to change efforts.

Community-centred approaches in advocacy focus on community involvement and the mobilisation of their assets with the aim of increasing control over their health.[65] Community involvement in advocacy has seen advances in health policy in a variety of health policy contexts, including in the prevention of cancers and childhood obesity.[29,66,67] Given that the community is often in favour of gambling reform, it is important to provide opportunities for community members to engage in advocacy efforts.[68] In Australia, the not-for-profit Alliance for Gambling Reform, involving 26 local government authorities in Victoria and New South Wales, is engaged in campaigns involving local communities to address gambling harm.[34] It is critical that such initiatives continue. This may involve expanding their reach beyond currently participating areas to include more local governments, broader community groups or establishing similar initiatives in other locations. This would ensure community views are heard in policy debates.

Step 6: Emphasise policy 'wins' to create momentum

Building and maintaining momentum for effective change is an important step in Kotter's model. Kotter postulates the need to acknowledge 'small wins' while working on the larger change vision, because this often provides the impetus to achieve longer-term goals.[19] The overall goals of gambling advocacy include better recognition of the problem and the need for action, including implementing large-scale reform of the

gambling industry. There are a number of smaller policy changes that could build momentum for larger-scale change. For example, there have been increasing calls for codes of conduct and transparency in gambling research.[69,70] Codes of conduct in this and related areas, such as governmental processes, would provide advocates with an opportunity to argue for restrictions on the involvement of the gambling industry in influencing policy decisions. This is particularly important, given evidence that gambling industry involvement in policy development can result in less-effective policies.[71,72] Relatively modest wins, such as modifications to advertising codes of practice, provide a starting point from which greater restrictions on gambling promotions can be implemented.[73] Importantly, each policy change 'win' should be communicated to those working in gambling harm, and the community, as a positive step forward in the overall change process. Doing this provides opportunities for advocates, and others in the area of gambling harm, to continue to reiterate the message that gambling harm is a public health issue that can be addressed at a community level.

Step 7: Evaluate and monitor advocacy efforts to create opportunities for further changes to gambling regulations

A significant barrier in the achievement of large-scale change is the loss of momentum in the change effort.[19,20] Kotter advises against declaring victory as a result of small-scale wins.[19] To date, there is limited literature that focuses on the evaluation of advocacy approaches and broader public health campaigns in relation to gambling. The evidence indicates that a fragmented approach to evaluation tends to occur over time.[74] Instead, these milestones should be leveraged to create momentum in the change effort, and there should be recognition of the impact of incremental changes on policy that add to momentum. In gambling, advocacy efforts are difficult to evaluate, and it is helpful to consider the best ways of demonstrating their impact. This would enable small changes (e.g. amendments to codes of conduct) to be emphasised and provide an evidence base from which to argue for further regulation, therefore contributing to the momentum needed for larger-scale change.

Step 8: Consistently implement public health focused approaches when advocating for gambling reform

In Step Eight, Kotter emphasises the need to ensure that strategies designed to create change are well established.[19] In gambling, it is critical that a public health approach be used to guide long-term policy decisions. An example of an effective high-level public health approach lies in the World Health Organization Framework Convention on Tobacco Control (FCTC), which is designed to protect tobacco control policies from the influence of the tobacco industry using specific measures such as Article 5.3.[75] Article 5.3 requires all 181 signatories of the FCTC to implement public health policies in a manner that protects them from vested interests in the tobacco industry.[75] The FCTC framework provides guidelines for the manufacture and sale of tobacco, and the promotion and taxation of tobacco products.[75] The FCTC reiterates the key areas of concern (exposure to and consumption of tobacco) and specifies the actions required for effective change.[75] The widespread adoption of tobacco control policies and a significant change in the social acceptability of smoking is testament to the impact the FCTC has had on harm prevention and reduction efforts globally.[76]

Given that gambling is clearly a public health issue, a similar framework should be developed in line with the independent knowledge base of gambling harm, and consistent with public health advocacy strategies.[35,64,77] This would provide an avenue for gambling harm to be recognised as both a societal and a global problem. Public health academics and practitioners have proposed a range of strategies and approaches that aim to prevent and reduce gambling harm.[16,18] Further consolidation and consideration of these approaches will contribute to strategies that are able to be applied at local, national and global levels.

Discussion and conclusions

This paper sought to create a framework for the application of public health advocacy approaches that are specific to gambling (Figure 1). In the development of this framework, the often reactive nature of gambling advocacy and the difficulties associated with developing, implementing and evaluating the effectiveness of advocacy efforts were highlighted. The original model proposed by Kotter identifies each step in the process as being sequential.[19] However, as is evident in the proposed framework, consistent movement back and forth between steps should occur to ensure that the most effective strategies to prevent and reduce gambling harm are developed. The proposed framework has modified the work of Kotter and outlines eight steps within the gambling advocacy process.[19]

Step 1 focuses on problem identification. In implementing this first step within the framework, there are two considerations. First, the sense of urgency is based on the evidence of harms, rather than such evidence being established after the problem is identified. This is an important distinction because an advocate requires clear evidence of harms to identify the problem and form the basis for calls for regulatory change. Second, an advocate's role includes the need to *promote and disseminate the evidence*. To do this, advocates must have access to evidence-based research and resources.

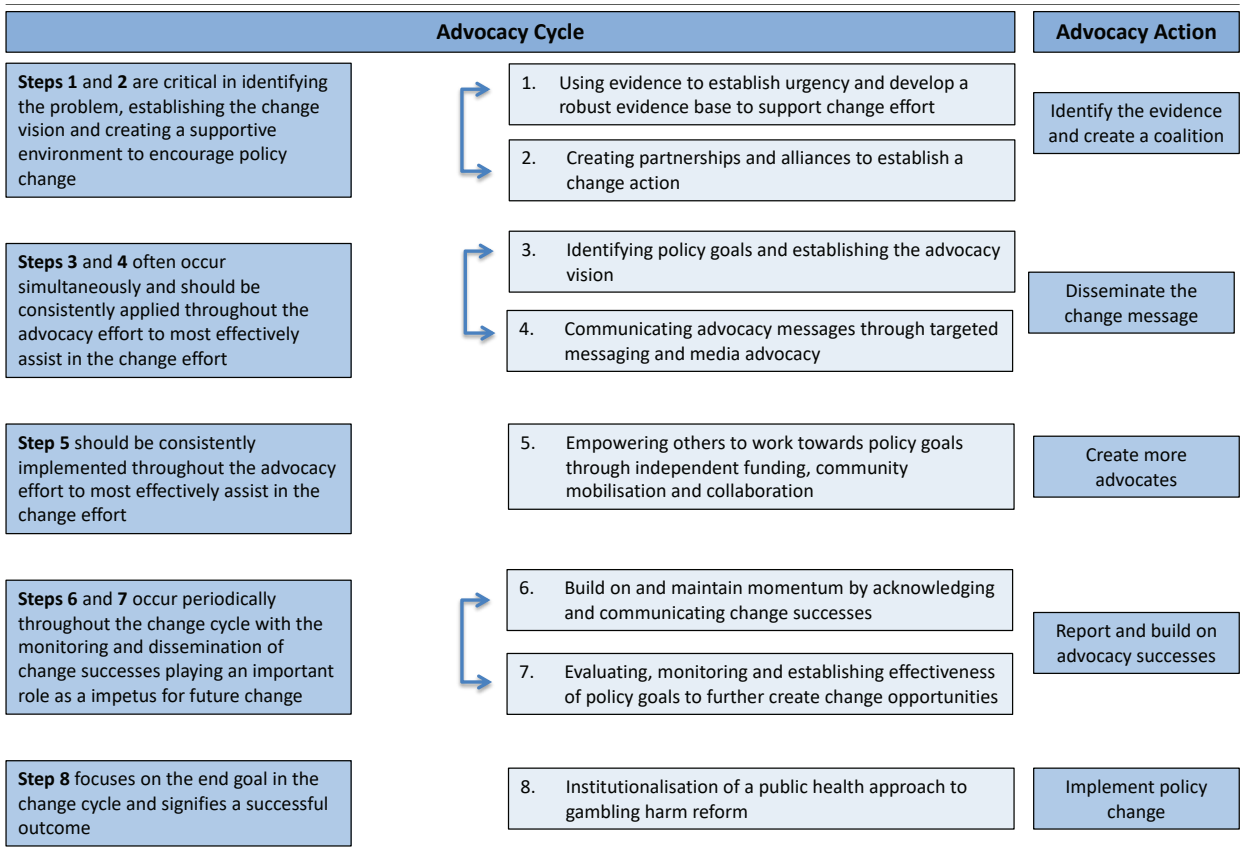
Step 2 focuses on the development of a coalition, a fundamental component of which is leadership.[17] However, this leadership need not be from one individual but can instead come from a number of individuals with a shared belief system (policy goal). The development of a coalition within the proposed framework forms the basis from which further steps are implemented and is critical to reform successes.[38,39]

Steps 3 and 4 are concerned with issue framing and message dissemination. Issue framing is important in determining whether a population acknowledges and implements actions to address a given issue.[52,54] It is important to consider the message platform and the intended audience, as these affect message uptake and ultimately the success of the overall change action.

Step 5 requires that the proposed framework be consistently implemented throughout the change cycle to provide the community (and advocates) with the opportunity to work towards the overall policy goal. There are some examples of community engagement currently occurring and it is important that these continue to form part of the strategy to drive gambling reform.[34]

Step 6 involves the dissemination of reform successes, which occurs periodically throughout the change cycle. Ensuring advocacy successes are acknowledged within the community can act as a facilitator for further change.[19] There are small but

Figure 1: Strategies to enhance facilitators and address the barriers in gambling harm prevention and reduction: a framework.



important policy successes that have already occurred in gambling that should be publicly promoted in order to provide the impetus for further change.

The evaluation of advocacy strategies is a challenge in public health; however, **Step 7** provides advocates with the opportunity to modify and enhance advocacy strategies. As this step focuses on evaluation, it needs to be continually revisited when developing and implementing advocacy measures. As evaluation allows for the identification of strengths and weaknesses in current strategies, **Step 7** provides an opportunity to strengthen future advocacy approaches.

Step 8 involves aligning future advocacy with a public health approach to gambling harm and engage a range of strategies that are effective in creating change. Given that advocacy has played an important role in the reform of other public health issues, advocacy-based approaches will be critical in the successful prevention and reduction of gambling-related harm.

Given that advocacy has played an important role in responses to other public health issues, advocacy-based approaches will be critical in reducing gambling-related harm through the reform of gambling regulation. In the development and implementation of future advocacy strategies, those looking to prevent and reduce gambling harm should consider how best to incorporate broad-based coalitions and consistently evaluate advocacy approaches to ensure that key objectives are met and have the best opportunities for success.

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