A surgical intervention for the body politic: Generation Squeeze applies the Advocacy Coalition Framework to social determinants of health knowledge translation

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ABSTRACT

SETTING: The World Health Organization Commission on the Social Determinants of Health (SDoH) observes that building political will is central to all its recommendations, because governments respond to those who organize and show up. Since younger Canadians are less likely to vote or to organize in between elections, they are less effective at building political will than their older counterparts. This results in an age gap between SDoH research and government budget priorities. Whereas Global AgeWatch ranks Canada among the top countries for aging, UNICEF ranks Canada among the least generous OECD (Organisation for Economic Co-operation and Development) countries for the generations raising young children.

INTERVENTION: A surgical intervention into the body politic. Guided by the "health political science" literature, the intervention builds a non-profit coalition to perform science-based, non-partisan democratic engagement to increase incentives for policy-makers to translate SDoH research about younger generations into government budget investments.

OUTCOMES: All four national parties integrated policy recommendations from the intervention into their 2015 election platforms. Three referred to, or consulted with, the intervention during the election. The intervention coincided with all parties committing to the single largest annual increase in spending on families with children in over a decade.

IMPLICATIONS: Since many population-level decisions are made in political venues, the concept of population health interventions should be broadened to include activities designed to mobilize SDoH science in the world of politics. Such interventions must engage with the power dynamics, values, interests and institutional factors that mediate the path by which science shapes government budgets.

KEY WORDS: Knowledge translation; health policy; social determinants of health

La traduction du résumé se trouve à la fin de l'article.

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Research illuminates unique opportunities for policy to support the optimization of lifelong health outcomes by investing in the generations raising young children because human beings are especially sensitive to the social determinants of health (SDoH) in their earliest years.[1] However, there is a major gap between this evidence and Canadian government budgets. Whereas Global AgeWatch ranks Canada among the top countries for aging because of public spending on medical care and SDoH policies like Old Age Security,[2] UNICEF ranks Canada among the least generous OECD (Organisation for Economic Co-operation and Development) countries for investments in the generation raising young children because our parental leave and child care services fall below international standards.[3] Canada also ranks poorly for preventing child poverty by comparison with seniors' poverty.[4]

The gap between SDoH evidence about younger generations and Canadian government budget decisions invites questions about building political will to act on the science. The WHO Commission on the SDoH concluded that "building political will … is central to all [its] recommendations",[5] because the path from research to policy is mediated by politics. The National Collaborating Centre on the Determinants of Health concurs, observing that "participating in policy development and advocacy is a key role for public health".[6]

Younger Canadians are less effective at building political will. Not only are children ineligible to vote, adults under age 45 are one third less likely to vote than are older Canadians, and younger citizens are less likely to organize in between elections. While the Canadian Association of Retired Persons (CARP) has lobbied for decades on behalf of citizens age 50+, no corresponding group has organized for younger generations. This void creates imbalance in the world of politics by generating fewer incentives for governments to prioritize investments in early life course stages by comparison with later stages. The result is a larger gap between SDoH research and government budget priorities for younger Canadians than there is for older cohorts, as reflected in the diverging rankings from Global AgeWatch and UNICEF.

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INTERVENTION

In response, we designed a transformative population health intervention called Generation Squeeze, which we are evaluating each year, beginning with our pilot in 2015. Whereas medical care routinely practices surgery on a human body, Generation Squeeze metaphorically performs *a surgical intervention for the body politic* – one that aims to narrow the gap between what scholars know about the SDoH for younger generations and what governments prioritize in their budgets. Guided by the "health political science" literature,[7–9] the intervention performs evidence-based, non-partisan political activity with the goal of creating new incentives for policy-makers to translate SDoH research about Canadians in their 20s, 30s and 40s and their children into government budget investments. All activities of the intervention adhere to Canada Revenue Agency, lobbyist and election advertising legislation.

Our intervention responds to research by Clavier and de Leeuw who assert that "engaging in the policy game with rules by which health promotion currently plays is ineffective. The health promotion realm has been very good at talking the talk of the policy world, with lofty statements on healthy public policy, the SDoH, and the like, but it has failed to walk the walk of the complex, iterative, and quintessentially power-driven policy process".[8] Raphael concurs, urging health promotion scholars to engage in the "raw politics"[9] that shape investment in the SDoH.

Generation Squeeze is a *theory-driven intervention to engage in raw politics*. We hypothesize that by remedying the age imbalance in citizenry organizing, the intervention can incentivize paradigm changes in SDoH investments. These changes will result in Canada advancing its international ranking for SDoH policies (e.g., child care, parental leave and housing), which scientific evidence reveals will improve health outcomes for younger generations throughout their lives.[10] As we set out to launch the intervention, leaders in the political sphere confirmed its potential influence, including a senior advisor in the Prime Minister's Office. He observed that "building a lobby for younger Canadians to match CARP would be the most important development in Canadian political infrastructure in decades".

Guided by de Leeuw and Breton,[11] we used the Advocacy Coalition Framework (ACF) to design the intervention because it has been used in dozens of policy case studies, including in public health. After 30 successful years studying the ACF, its architects now emphasize applying its logic to "help people strategically influence the policy process".[12] The ACF, summarized in Figure 1, studies policy change when there is "goal disagreement and technical disputes involving multiple actors from several levels of government, interest groups, research institutions, and the media".[13] These characteristics are quintessential to the policy subsystem by which budget allocations are made to the SDoH for younger and/or older Canadians, which must also compete for funds with other policy areas when governments set priorities.

We applied the ACF to identify six outputs that we predict will close the gap between what science knows about the SDoH for younger generations and the budget priorities of senior governments (see Figure 2):

1. *Make meaning of SDoH changes for the public*, because the ACF identifies "changes in socio-economic conditions" as "external events" that shift decisions in a policy subsystem.[13] We make meaning of these changes in order to:
2. *Shift "public opinion"*,[13] because the ACF predicts such changes are another external event that influences policy decisions;
3. *Frame "policy beliefs"*,[13] because the ACF presumes individuals filter perceptions through their belief system, which are shaped by "fundamental socio-cultural values" that are resistant to change;
4. *Set an "agenda"*[13] in light of the scientific evidence and values in order to:
5. *Build a "coalition"*,[13] because the ACF predicts that actors can increase power in the policy subsystem if they seek out and coordinate actions with allies who share core beliefs; and
6. *Marshal opinion, evidence and person power to alter political incentives*, because the ACF emphasizes that "public opinion", "information"and "mobilizable troops" are "resources" that coalitions can use to exert power to sway decisions in the world of politics.[13]

Make meaning, shift opinion, frame policy beliefs

To achieve outputs 1, 2 and 3, we published rigorous research for lay audiences and carefully designed tactics to amplify its reach into the general public. The research featured age analyses of provincial and federal budgets, along with two national studies published during the months leading into the 2015 federal election.[14,15] We prioritized this timing to shape the design of party platforms. We then released two additional studies in the final weeks of the federal election campaign to shape media commentary and inform the electorate.[16,17]

In combination, these publications illuminate that Canadians in their 20s, 30s, and 40s today earn thousands less for full-time work than those in 1976 (after inflation), despite devoting years more to post-secondary, incurring student debts more often, and facing housing prices that are up hundreds of thousands of dollars on average across the country. The resulting squeeze for time and money is tightened still further for younger Canadians because they inherit larger government and environmental debts today than was the case a generation ago, while receiving a fraction of public spending. Our work is the first in Canada to develop a peer-reviewed method to calculate how federal, provincial and municipal government spending breaks down by age.[18] This research shows that governments combine to spend over $33,000 annually per person age 65+ on important programs like health care and retirement income security, compared to less than $12,000 per person under age 45. The latter includes funding for medical care, grade school, post-secondary, child care, parental leave, employment insurance and housing, among others.

Our intervention is very careful to *frame the public dialogue so Canadians recognize that governments must always spend more on citizens when we are older*, because human beings are more likely to become ill in our final decades, and we do not expect our parents and grandparents to work when elderly. While supporting strong investments in seniors, the intervention makes age comparisons to inspire citizens to imagine that more is possible for younger Canadians. By reminding citizens of our country's proud tradition of building and adapting medical care and public pension policy,

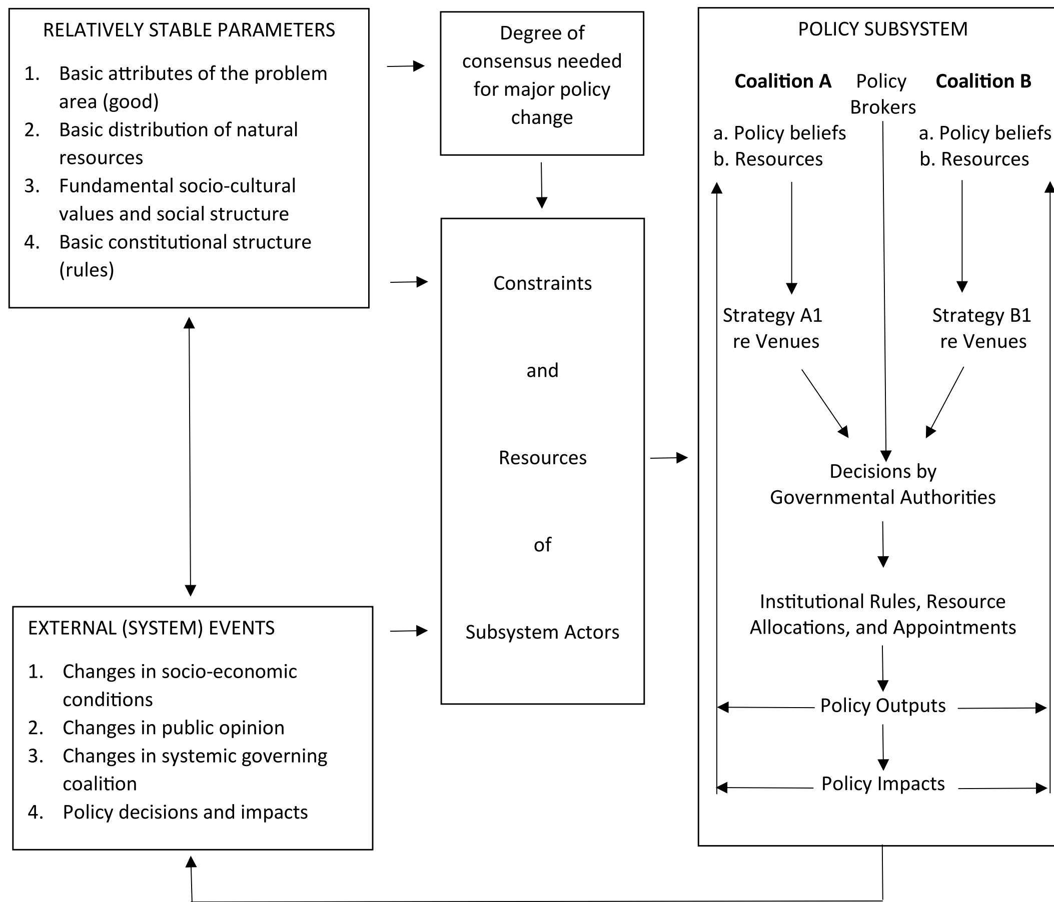

Figure 1. The Advocacy Coalition Framework[13]

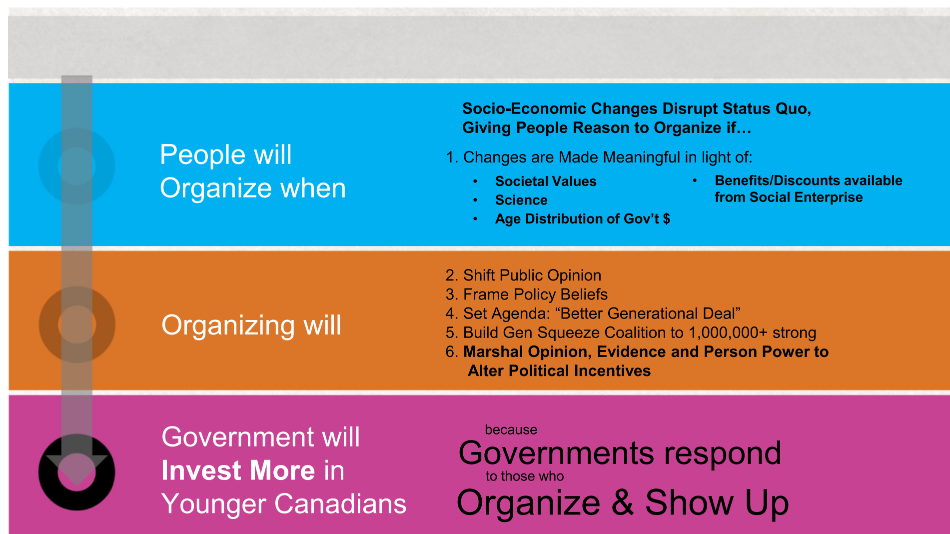

Figure 2. Gen Squeeze theory of SDoH policy change: Six outputs

we open people's minds and hearts to possible innovations for younger Canadians. Might it be *fair*, the intervention implies, to invest more if we think younger people should have a better chance to get a foothold in the housing market, and have the income, time and support services they need to care for their children?

We have also been careful in our framing to help the public understand that investment in one age group *need not come at the*

expense of the other. Should younger generations become a bigger priority going forward, we present a variety of sources from which governments can reallocate funds that leave the quality of medical care and other spending on the aging population unaffected. We further encourage Canadians to analyze the age distribution of spending relative to our choices about government revenue. For instance, compared to 1976, our research shows that federal and provincial governments have added $32 billion dollars (after inflation) in spending on health care for Canadians age 65+. Over the same period, governments reduced taxes.[14]

To amplify the reach of this research during the year, we delivered 43 presentations to a diverse range of stakeholders, penned op eds that appeared in over 100 publications, and regularly provided expert commentary for journalists. The latter resulted in citations in over 400 news articles, and over 120 radio and TV broadcast interviews.

Our amplification tactics are all guided by research from Haidt about evolutionary psychology,[19] Sachs on marketing,[20] and Ganz regarding community organizing.[21] In keeping with the ACF, these bodies of scholarship reveal that people typically respond to research with either intuitive support or opposition, which they subsequently rationalize. Knowledge translation is more successful when evidence is framed by context-sensitive narratives that evoke value-driven reactions from individuals which align intuitively with the data, and instill belief not only that change is urgently required but that they can be change-makers.

Set agenda, build a coalition

We performed activities to achieve outputs 4 and 5 by implementing what Ganz[21,22] describes as distributed leadership strategies to organize people for power and change, as well as the literature that recommends "functional organizing" to grow movements to scale.[23] The latter shows the power of attracting people to a political cause by first demonstrating the capacity to save them money in the marketplace. During our pilot, with limited resources (one staff, plus time from one academic), much of the agenda setting and coalition building took place online. Specifically, we built an online Generation Squeeze platform to function as a variation on the theme of a MOOC (Massive Open Online Course). Our **M**assive **O**pen **O**nline **K**nowledge **T**ranslation initiative (MOOKt) engages allies around a draft vision for a "Better Generational Deal": a suite of evidence-based recommendations for investments in the SDoH that will support younger generations to pay down student debts, find good jobs, pay for homes, afford families, plan for retirement and live sustainably. The draft vision invites allies to shape their policy beliefs in light of the evidence, and to shape policy recommendations in light of their experience. To this end, the MOOKt is integrating four advanced online engagement tools: a Letter to the Editor tool; Click to Call your elected official tool; Tweet a Target tool; and Text Message Action tool. Over time, these tools will enhance the ability of allies to shape the design and distribution of the intervention's science-based SDoH policy agenda.

Our online activity inspired citizens in St. John's, Fredericton, Halifax, Ottawa, Toronto, Winnipeg, Edmonton, Calgary, Vancouver and Victoria to volunteer. Volunteers donated time and talent in these cities to grow the network, organize events, diffuse ideas into the media and garner the attention of decision makers. However, our pilot also revealed that *sustained, coordinated* local volunteering requires paid staff to facilitate local engagement.

Marshal opinion, evidence and person power to alter political incentives

Together, the online and in-person organizing tactics helped to grow the Generation Squeeze constituency from around 3000 allies in March 2015 when the website was launched to over 24 500 by the end of the calendar year. We aim for a coalition of allies that reaches into the hundreds of thousands (see Figure 3), because the health political science literature reveals that governments of all party stripes respond to those who organize and show up. Even with modest numbers during our pilot, our initial efforts to fuse the evidence of the academy to non-partisan democratic engagement tactics proved sufficient to attract briefing invitations from all four national parties in advance of the federal election. Summarized

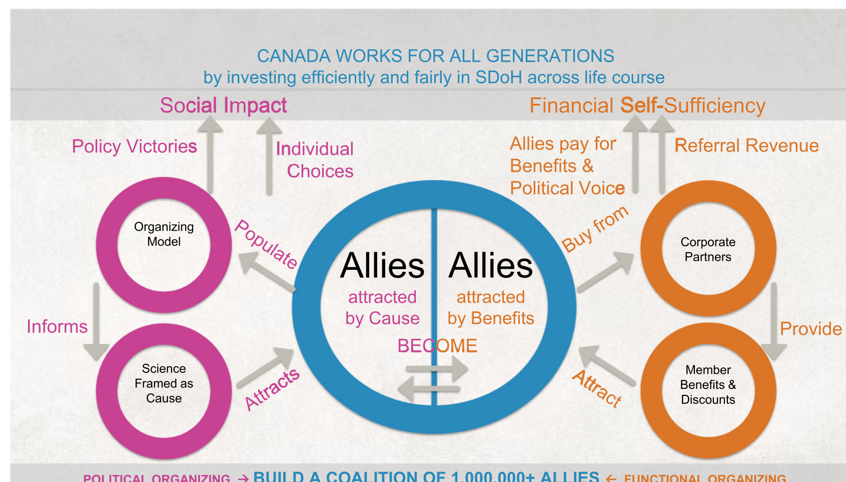

Figure 3. The Gen Squeeze intervention model

below, our evaluation of the pilot shows the intervention had measurable influence over platform commitments offered by the four parties.

OUTCOMES

The intervention includes a comprehensive evaluation framework, which we use to adapt its implementation over time, and to refine the health political science literature. A complete interactive map of our metrics can be found at: http://bit.ly/GSMetrics. These include:

- # of Generation Squeeze allies: the larger the network of allies, the greater the opportunity to build political incentives for governments to act on science-based SDoH policy recommendations;
- # and $ value of earned media;
- # of Electoral Districts with operating volunteer groups;
- # and $ value of volunteer hours; and
- # of political party commitments, leading ultimately to the
- # of policy victories that align with SDoH science.

Our evaluation of the 2015 pilot revealed the following outcomes:

- All four national party platforms integrated components of the Generation Squeeze three-part “New Deal for Families”, which recommends improvements to parental leave, child care and flex-time. The Liberal Party adopted the language of all three policy recommendations, as did the Green party. The NDP adopted the language of longer leave, and $15/day child care. The Conservatives adopted the language of extending parental leave to 18 months.
- Two of the four national parties explicitly cited Generation Squeeze research in their platform backgrounders about child care and other family policy; and a third explicitly consulted with Generation Squeeze during the campaign when finalizing the design of its parental leave recommendation.
- Three party leaders used language about the “Squeeze”, “generational debt” and/or “child care services that cost more than another mortgage” in debates, speeches and interviews, thereby adopting key components of the narrative by which the intervention frames policy beliefs.

These examples of the influence that Generation Squeeze had over multiple party decisions in the federal election coincided with all four parties proposing between $4 billion and $7 billion in additional annual spending on the generations raising children. Regardless of which party won the election, *all of the parties committed to what would equal the single largest annual increase in SDoH spending on families in over a decade*. The winning party has begun to follow through in its budgets. While it cannot be claimed that Generation Squeeze “caused” these party promises, the above evidence of influence makes clear that the intervention supported an evolution in the world of Canadian politics that resulted in all parties prioritizing the needs of generations raising children more than in the past.

The resulting billions of dollars put on the table is a very significant bang for the intervention’s buck. Our pan-Canadian intervention operated with a total cash and in-kind annual budget of roughly $200,000. Admittedly, this budget meant our pilot fell short of the ideal surgical intervention into the body politic that is envisioned in the literature, which invites a range of challenging questions about how to sustain the intervention over time.

IMPLICATIONS

In their review of the Knowledge Translation (KT) literature from a decade ago, Mitton et al. concluded “there is actually very little evidence that can adequately inform what KT strategies work in what contexts”.[24] Contandriopolous et al. suggest this KT failure reflects insufficient attention to the “political science literature on lobbying”, “agenda-setting processes in policymaking” and “policy networks”.[25] de Leeuw and Breton agree, finding in their review of 8337 health promotion articles that only 21 “rigorously apply a theory that draws on political science”.[11]

The pilot of our Generation Squeeze intervention, guided by the ACF, lends support to Contandrioplolous, de Leeuw and others. Our evaluation suggests there is considerable promise for population health when scholars and practitioners contribute to non-partisan mobilization strategies which engage directly with the power dynamics, values, interests and institutional factors that mediate the path by which science influences government budgets.

The language of “lobbying” and “political organizing” of coalitions and agendas may be uncomfortable for many in the academy who interpret requirements for objectivity to constrain advocacy. However, the evidence from our piloted intervention encourages a revised interpretation. Professional responsibilities require academics to be neutral about where the evidence leads in terms of scientific conclusions. But once the data lead to conclusions, Tri-Council commitments to knowledge translation in academic grants require that we no longer be neutral about whether that evidence is acted on. When it comes to shaping public policy, this will require KT plans designed to “walk the walk” of what Clavier and de Leeuw describe as “the complex, iterative, and quintessentially power-driven policy process”.[7] Our experience implementing Generation Squeeze implies such KT plans should be conceived of, and prioritized, as population health interventions for the body politic.

Many public health professionals, especially when on salary to government employers, will feel anxious about engaging in non-partisan political activity for fear this may be perceived to be in tension with, or outside, their employment roles. Nevertheless, our pilot generates evidence that aligns well with Brown and Fee, who find in their historical review of “social movements” that the latter have long been important “sources of motivation for population health advances”. They therefore “hope [their] review will motivate public health workers to make common cause with social activists and to encourage social activists to ally with public health professionals”.[26] Given the initial outcomes achieved by our surgical intervention into the body politic, we hope so too. We also hope that funders and employers will find unique ways to foster such collaboration.

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RÉSUMÉ

LIEU : La Commission des déterminants sociaux de la santé (DSS) de l'Organisation mondiale de la santé observe que la création d'une volonté politique est au cœur de toutes ses recommandations, car les gouvernements répondent à ceux qui s'organisent et qui sont visibles. Comme les jeunes Canadiens sont moins susceptibles de voter ou de s'organiser entre les élections, ils réussissent moins bien à susciter une volonté politique que leurs compatriotes plus âgés. Cela creuse un fossé des âges entre la recherche sur les DSS et les priorités budgétaires gouvernementales. Global AgeWatch classe le Canada parmi les meilleurs pays où vieillir, mais l'UNICEF le classe parmi les pays les moins généreux de l'OCDE (Organisation de coopération et de développement économiques) envers les générations qui élèvent de jeunes enfants.

INTERVENTION : Une intervention chirurgicale dans le corps politique. Guidée par la documentation sur la « science politique de la santé », cette intervention crée une coalition à but non lucratif pour faire de la mobilisation démocratique apolitique fondée sur la science afin d'inciter les responsables des politiques à traduire la recherche sur les DSS des jeunes générations en investissements budgétaires gouvernementaux.

RÉSULTATS : Les quatre partis nationaux ont intégré les recommandations de principe de l'intervention dans leurs plateformes électorales de 2015. Trois d'entre eux ont fait référence à l'intervention, ou en ont consulté les responsables, durant l'élection. L'intervention a coïncidé avec l'engagement de tous les partis à opérer la plus grande hausse annuelle des dépenses en faveur des familles avec enfants en plus d'une décennie.

CONSÉQUENCES : Comme de nombreuses décisions au niveau des populations sont prises dans l'arène politique, il faudrait élargir le concept des interventions en santé des populations pour inclure des activités visant à mobiliser la science des DSS dans le monde de la politique. De telles interventions doivent aborder la dynamique du pouvoir, les valeurs, les intérêts et les facteurs institutionnels qui aplanissent la voie à la science pour qu'elle puisse influencer les budgets gouvernementaux.

MOTS CLÉS : application des connaissances; politique de santé; déterminants sociaux de la santé