

CAN TOBACCO CONTROL ADVOCACY WORK BE EVALUATED?

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Abstract: Tobacco control advocates have played an important role in Ontario's tobacco control efforts. As with other advocacy work, their efforts have been mostly unexamined. Based on Ontario's tobacco control advocacy work, this article highlights the challenges of evaluating the work of advocates (e.g., having multiple aims, multilayered structures, shifting time frames, measuring long-term goals, dealing with external factors, having goals change at midstream, having different approaches working simultaneously) and summarizes some theories and tools (e.g., Bellwether Methodology, Agenda Setting Theory, Context-in approaches, Pathways of Influence, and logic models) that have been used to conduct effective advocacy evaluations.

Résumé : Les partisans de la lutte contre le tabagisme ont joué un rôle important en Ontario. Comme c'est souvent le cas pour les militants, leurs efforts n'ont cependant généralement pas fait l'objet d'études. Axé sur la lutte contre le tabagisme en Ontario, cet article met en lumière les défis de l'évaluation des efforts de ceux qui prônent une cause (e.g., diversité des objectifs, structures à plusieurs niveaux, changements d'échéanciers, mesure des objectifs à long terme, facteurs externes, changements d'objectifs en cours de route, utilisation simultanée d'approches différentes) et résume quelques théories et instruments (e.g., indicateurs, théo-

rie de l'établissement de l'ordre du jour, approches contextuelles, voies d'influence, et modèles logiques) qui ont permis d'effectuer efficacement l'évaluation d'efforts de revendication.

INTRODUCTION

In Canada, tobacco control advocates have worked to take on the tobacco industry at all levels of government. Tobacco control advocates promote the adoption of policies to protect nonsmokers from exposure to secondhand smoke, help smokers quit smoking, and prevent tobacco addiction among youth. Health advocates have advocated for the introduction of smoke-free laws, the denormalization of the tobacco industry, the creation of advertising bans, the addition of warning labels on packages, as well as the generation of political and civil enthusiasm for tobacco control (S. Chapman & Wakefield, 2001). Furthermore, advocates try to change attitudes toward smoking and tobacco products (BlackBecker, Smith, & Ciao, 2006; Carver, Reinert, Range, & Campbell, 2003; Ling, Neilands, & Glantz, 2007; Ramirez, Velez, Chalela, Grussendorf, & McAlister, 2006; Unger et al., 1999; Zucker et al., 2000).

Even though it is clear that advocates have played an important role in tobacco control, quantifying their contributions in order to move beyond the realm of "plausible belief" poses an evaluation challenge. This article offers examples from Ontario's tobacco control advocacy work in order to point out the challenges and summarize the ways of conducting effective advocacy evaluations.

In this article, tobacco control advocacy is defined as an argument, action, or behaviour on the part of a group or individual that is intended to reduce the harms caused by tobacco products. In particular, it is an attempt to influence local, governmental, and legislative bodies in this direction (Ontario Tobacco Research Unit, 2009). There are a myriad of tobacco control advocacy groups in Ontario. Part of the reason that Ontario has so many groups can be attributed to the fact that many of the national tobacco control advocacy organizations are located in Ontario. At the federal level, eminent organizations include the Canadian Cancer Society, Canadian Council for Tobacco Control, the Non-Smokers' Rights Association, and Physicians for a Smoke-Free Canada (Cunningham, 1996; Grossman & Prince, 1992). Ontario's tobacco control advocacy, however, has also benefited from effective advocacy efforts at both the provincial and municipal levels.

ONTARIO'S TOBACCO CONTROL ADVOCACY GROUPS

Historically, Ontario has been the home of many tobacco control advocacy groups. Although some advocacy groups are short-lived, such as the now disbanded Youth Action Alliance (YAA) program and the Ontario Tobacco-Free Network, many have been around for decades and change their objectives to match the shifting governmental and tobacco industry environments. Some advocacy efforts focus on specific populations, such as the YAA programs; others centre on the municipal level, for example the Ottawa Council on Smoking and Health; while still others choose to concentrate on provincial affairs, as did the Ontario Campaign for Action on Tobacco (OCAT). The provincially focused tobacco control advocacy group OCAT was founded by five leading health agencies in 1992. Although its current objectives are sustaining the Smoke-Free Ontario Strategy, the control of contraband tobacco products, and protection from secondhand smoke in multi-unit dwellings and outdoor public places, its initial goals included securing the passage of Ontario's Tobacco Control Act (TCA) in 1994 (Ontario Campaign for Action on Tobacco, 2009).

Focusing on youth prevention, the YAA program was a key component of Smoke-Free Ontario programming that adhered to a peer leadership model. It was conceptualized as being youth led and directed with the goal to engage youth in action-oriented activities that encouraged them to become social change agents. This included advocacy, negotiation, and involvement of youth in alliances and coalitions (Fiissel, Schwartz, Schnoll, & Garcia, 2008). The YAA was disbanded in 2009.

In addition, several other organizations, such as the Ontario Tobacco-Free Network, have advocated for various initiatives to increase tobacco control. These campaigns have included topics such as a ban on the display of tobacco products, a ban on images of smoking in movies, the creation of smoke-free multi-unit dwellings, and support for Bill 11¹ (Ontario Tobacco-Free Network, 2008).

As can be seen, there are many advocacy groups in Ontario and each employs different strategies in a unique style that reflects that organization. Some of the strategies that advocates have used to achieve their goals include one-to-one meetings, testimonies at hearings, community meetings, coalition building, and media and electronic outreach (J. Chapman & Wameyo, 2001). The level of complexity of advocates' work may help to explain the reasons for the dearth of tobacco control advocacy evaluations.

After a thorough literature search, it appears that few, if any, formal evaluations exist on specific Canadian tobacco control advocacy programs, groups, or overall advocacy work.² The one exception that was found was the thorough process evaluation of the YAAs (Fiissel et al., 2008). Most of the documents that were found concerning tobacco control advocacy either were not Canadian-centred or did not contain information on evaluations. Of those that have produced evaluations, most fail to include adequate information about the methodology that was utilized (Breton, Richard, Gagnon, Jacques, & Bergeron, 2008; Cunningham, 1996; Mahood, 1999; Ontario Physical and Health Education Association, 2009; Rhymes, 2007). As a result, it is difficult to identify and replicate successful advocacy campaigns and to demonstrate a clear contribution that advocacy efforts have made to changes in tobacco control.

But is it even possible to conduct an evaluation of tobacco control advocacy work? Given the scenario described above, it is obvious that conducting a thorough evaluation of an advocacy group, a program, or a number of advocacy programs together poses several challenges. In the next section a number of these challenges are outlined.

CHALLENGES

Defining What to Evaluate

In order to know how to evaluate advocacy, it is necessary to first know what exactly is being evaluated. It is essential to identify what kinds of strategies tobacco control advocacy groups are employing. These strategies can include activities such as one-to-one meetings, testimonies at hearings, community meetings, coalition building, and media and electronic outreach. The range of activities is just one of the multiple complexities in advocacy work that necessitates a complex evaluation framework.

There were 56 clusters of YAAs working in 36 public health units in Ontario, for example. Each of these clusters utilized unique strategies to help youth stop smoking and to denormalize tobacco use among youth (Fiissel et al., 2008). The first step to evaluation is deciding which goal and which strategy is to be evaluated out of the ones that were utilized in the advocacy effort.

Long-Term Goals

Not only does the work of advocacy involve multifaceted actions, but the aims are usually long-term rather than short-term. Policy reforms

and changing social norms can be slow processes. This poses a challenge for measuring outcomes (J. Chapman, 2002; Coates & David, 2002; Reisman, Gienapp, & Stachowiak, 2007).

For example, the ultimate aims of the Ottawa Council on Smoking and Health are to create a social environment where non-smoking is the norm, to assist in establishing smoke-free environments, to prevent youth from starting to smoke, to encourage smokers to quit, and to advocate for better smoking cessation resources (Ottawa Council on Smoking and Health, 2009). Progress toward these goals could be difficult to measure for the organization, if the only indicators of success were considered to be no youth starting to smoke, entire cities and provinces being smoke-free, and a significant increase in the number of smokers who have quit.

External Factors

Given the usual long-term goals of advocacy work and the nature of advocates working together to achieve the same goal, it is essential for evaluations to take into consideration other external confounds when conducting an evaluation. The external confounds could be other advocacy groups or larger environmental factors (J. Chapman, 2002; J. Chapman & Wameyo, 2001; Coffman, 2007b; Holder, Treno, Saltz, & Grube, 1997; Reisman et al., 2007; Stead, Hastings, & Eadie, 2002). Equally, one advocacy effort often involves multiple strategies and approaches, such as lobbying, campaigning, or holding boycotts; thus it is difficult to isolate the effects of separate approaches (J. Chapman, 2002; Holder et al., 1997).

The problem of external factors was evident with the involvement of OCAT in the creation of the Smoke-Free Ontario Act (SFOA). As the levels of secondhand smoke protection varied in Ontario municipalities, OCAT played a centralizing role as a provincial advocacy group that helped to increase pressure for the creation of the SFOA legislation. OCAT had offered support to multiple municipalities that were trying to draft, pass, and enforce smoke-free workplace and/or public place bylaws. As a result, there was increased pressure for a provincial strategy. OCAT employed a multitude of strategies, including research reports, letters to newspapers and municipal councils, expert panels, and lobbying by different tobacco advocacy groups (Ontario Council for Action on Tobacco, n.d.). It is a challenge to isolate the strategies and the specific effects that OCAT, individual municipalities, and other advocacy organizations had upon the success of the passing of the SFOA.

Adapting to Changing Needs

Effective advocacy must change and adapt with its environment, and often it must compromise or modify its target outcomes (Coates & David, 2002; Coffman, 2007b; Reisman et al., 2007). This can result in problems for the evaluation, which will need to adapt to both the new goals and the ways of achieving the new goals.

The goals of OCAT have changed since its establishment. As previously stated, at the founding of the organization, OCAT's objective was to push for the creation of the Tobacco Control Act. Now that it has been ratified, OCAT's current strategy is to sustain the Smoke-Free Ontario Strategy, control contraband products, and protect individuals from secondhand smoke in multi-unit dwellings and outdoor public places (Ontario Council for Action on Tobacco, n.d.).

WHY EVALUATE?

Despite all of these challenges, evaluation should be undertaken by tobacco control advocacy groups. Solutions to the challenges can be found, and appropriate methodologies exist with which to evaluate advocacy efforts. Evaluating advocacy can provide lessons on what approaches are effective. Numerous resources are committed to tobacco control advocacy. Thus, it is important to understand what makes this work effective, especially how and when it makes a significant difference to tobacco control (Gladwell, 2000; Mahood, 1999). How can we learn to do it better? Is investing in advocacy necessary? Is investing in advocacy cost-effective? These are important questions to ask, not only for accountability purposes but also to learn from experience and improve upon the way in which advocacy work is undertaken. This need has been echoed by several researchers, who have promoted a more inclusive look at the tobacco control "inputs," which usually leave out the important work of advocates (S. Chapman, 1999; Wakefield & Chaloupka, 1998).

Solutions to the challenges listed in this article are achievable. It is important for advocacy campaigns to define what they are going to evaluate. The YAA program had difficulty defining its youth development framework because of its application in diverse settings. Nevertheless, a definition was decided upon that included extending the focus beyond the individual to include peers, family, school, and broader community contexts (Fiissel et al., 2008). An evaluation of such a campaign has to start by defining which goals it will examine

and which indicators it will use to measure achievement of goals. Next, it should look at the specific strategies used by each of the 56 clusters of YAAs in order to understand which strategy worked best and under what context it was enacted to achieve each of these goals. It is important for advocacy groups to first define the specifics of their evaluation to establish a shared understanding and foundation of the situation.

Long-term goals are also listed as a challenge to be overcome. In particular, it was stated that it would be difficult to measure overall success if only long-term objectives were used as indicators. In the case of the Ottawa Council on Smoking and Health, evaluators could choose to measure success in incremental stages, such as a smoke-free law for all public places and workplaces in Ontario, an increase in awareness about involuntary exposure to secondhand smoke seeping in from other units in a multi-unit dwelling, or developers now being able to legally declare new buildings 100% smoke-free (Ottawa Council on Smoking and Health, 2009). If long-term goals are divided into short-term goals, outcomes are then easier to measure. It is essential, however, not to overemphasize the more easily measured short-term outcomes over the long-term outcomes (J. Chapman, 2002; Coates & David, 2002; Reisman et al., 2007). Short-term goal success should always be placed in context with progress toward long-term goals.

The challenge of external factors can be overcome with a *comprehensive evaluation framework*. As previously addressed, advocacy efforts usually include multiple groups and strategies. This was the case with OCAT's contribution to the SFOA (Ontario Council for Action on Tobacco, n.d.). A comprehensive evaluation framework would be able to identify the specific effects of the actual advocacy groups and the effects that their strategies had on passing the SFOA.

Adaptation to changing needs was also addressed as a potential challenge to evaluating advocacy. Due to OCAT's shifting objectives, adaptation would be necessary when conducting an evaluation of it (Ontario Council for Action on Tobacco, n.d.). There are evaluation tools and models that would allow for an evaluation of this advocacy adaptation, such as logic models and process evaluations. These approaches are explained in further detail in the following section. An evaluation plan should always include a strategy for adaptation to changing needs, as this often occurs with advocacy groups.

Solutions to the challenges of evaluating advocacy do exist. By applying the appropriate methodologies to specific campaigns and tobacco

control advocacy strategies, lessons can be learned to increase their efficacy. Evaluating the context and different forms of advocacy could allow for more synergies between the different advocates, such as bureaucrats, lobbyists, and media. In the section below, a number of approaches are discussed that can be used to evaluate advocacy.

WHAT TYPES OF EVALUATION SHOULD BE CONDUCTED?

Advocacy is a multifaceted process that ideally initiates both short- and long-term change, as most evaluative techniques involve breaking down the process into distinct stages that can then be addressed individually with suitable measures. Methods of advocacy evaluation differ in how they divide the process and the particular stages on which they focus. Evaluative models may also differ according to the amount of causality they infer between stages. Finally, some evaluative approaches follow methodologies that have been developed specifically for evaluative purposes, while others adapt existing theories or models in order to discern what must be evaluated. As always, the type of evaluation should reflect the goals and focus of the advocacy intervention.

In order for policy or media advocacy to influence public health outcomes, policy makers and media personnel must be made aware of the issue and convinced of its importance. Two types of advocacy evaluation have been developed specifically to address awareness and perceived importance of the advocacy group's chosen issue: the Bellwether Methodology (Blair, 2007) and evaluations based on Agenda Setting Theory (Coffman, 2007a). The Bellwether Methodology began as a form of media advocacy evaluation, but it can conceivably be applied to certain stages of policy advocacy. The method assumes that an issue must be accompanied by a certain amount of awareness among trend setters and decision makers before the issue can reach the top of a policy agenda. The "bellwethers" can include policymakers, think tanks, academics, funders, business representatives, and members of the media. Evaluating the success of a policy advocacy campaign should therefore involve measuring issue awareness among such key informants. The Bellwether Methodology has been used to evaluate advocacy for preschool policy change in California, where bellwethers were initially asked very general questions, such as listing the issues that were at the top of current policy agenda, and then more specific questions about preschool policy. The evaluators were thus able to gather data about the issue's visibility among the individuals and organizations who have the greatest chance of influencing policy (Blair, 2007).

Similar to the Bellwether Methodology, evaluations based on Agenda Setting Theory place primary importance on measuring an issue's visibility; however, such evaluations extend beyond simply measuring awareness. The theory describes three processes that influence where ideas are placed on an agenda. The first process is Problems, or examining how much attention decision makers pay to the issue. The second process, Proposals, examines how policy proposals are generated. The third process, Politics, looks at political factors that influence or affect agendas. A paper by Coffman (2007a) describes how an advocacy group, the Preschool for California's Children program, used agenda setting as a basis for its program strategy, and how the Harvard Family Research Project (HFRP) then used the theory to design a means for evaluating the program. The evaluators asked if the problems or issues being presented by the program were perceived as pressing, if there was an awareness of proposals and if the proposals were viable, how politics were affecting the advocacy process, and what the likelihood was that a policy window would open. In terms of issue visibility, Agenda Setting Theory has a more narrow focus than the Bellwether Methodology, as the theory only includes the measurement of policymaker awareness rather than the spectrum of potentially influential individuals outlined by the Bellwether Methodology. On the other hand, evaluations based on the Agenda Setting Theory are able to gain a more comprehensive picture of factors affecting policy adoption, such as politics and timing. The additional information gleaned by utilizing these approaches might provide key information as to why an advocacy initiative did or did not influence policy change.

Neither the Bellwether Methodology nor an evaluation based on Agenda Setting Theory focus specifically on the tasks or strategies of an advocacy initiative. Rather they are solely concerned with evaluating whether or not those tasks achieved the short-term outcome of increased awareness or mid-term outcome of policy change. Process Evaluation, Paths of Influence Modelling, and Logic Modelling are all means of evaluating individual strategies during different stages of the advocacy process; the methods differ based on how they choose to divide the process into stages. In Process Evaluation, the goal is twofold. First is a determination of how well the advocacy organization carries out the tasks it has set for itself. Second is rating the appropriateness of the tasks for the intervention's desired outcomes (J. Chapman & Wameyo, 2001). For example, according to Stead et al. (2002), process evaluation involves documenting the implementation of an initiative and the extent to which the implementation was consistent with what was planned, as well as identifying factors that

influenced implementation. Each of these steps can consist of different research methods, such as auditing activities, interviewing key stakeholders, and analyzing press releases. By evaluating the plans and techniques of an advocacy effort rather than simply focusing on whether or not a desired outcome has been achieved, process evaluation can potentially increase the ease with which advocacy groups can learn from their evaluations.

Two tools commonly used when conducting process evaluations are “Pathways of Influence” and “logic models.” When using Pathways of Influence, the evaluative process begins by asking a series of questions: What is the desired policy change? Who can be targeted to generate the change? How can they be targeted? Indicators can then be selected for each stage to measure the degree of success. Thus, the Pathways of Influence tool can be used to make decisions that more specifically determine cause-and-effect relationships between tasks and outcomes early in the advocacy process. Additionally, working backwards from the desired effect to specific intervention tasks may help advocacy groups remain clear about their short- and long-term goals.

Like the Pathways of Influence tool, logic models divide the projected advocacy process into different stages of possible causes and effects. Each stage can in turn be evaluated using suitable measures. Logic models have been commonly used in the work of advocacy to link a service’s resources, activities, and intended results (Cheadle et al., 2003; Gardner & Geierstanger, 2007; Julian, Jones, & Deyo, 1995; Kaplan & Garrett, 2005). Creating a logic model helps advocacy groups to be clear about their goals and what they want to be evaluated on, as well as to examine the underlying assumptions of their program (J. Chapman, 2002; J. Chapman & Wameyo, 2001; Coates & David, 2002; Egbert & Hoehstetter, 2007; HFRP Staff, 2007; Kaplan & Garrett, 2005; Rapaport et al., 2005). Evaluators can then use a variety of quantitative and qualitative methods to see if projected outcomes occur in the expected sequence (Gardner & Geierstanger, 2007). For example, in a logic model created for community health centres in California, increased grantee capacity in policy advocacy leads to increased policymaker awareness of policy issues. This leads to strengthened clinic operations, increased services for the underserved, and improved health outcomes for target populations (Gardner & Geierstanger, 2007).

Context-in approaches work in the opposite direction from process evaluation. In context-in analysis, evaluators begin by focusing on

changes in people's lives and then work backwards in order to find possible causes for those changes (Davies, 1998). Context-in approaches thus focus on outcome measurement first, and then possible processes that have led to those outcomes. On the one hand, context-in approaches have the advantage of grounding the evaluation process in real-life practical changes for target audiences rather than projected outcomes (Davies, 1998). On the other hand, tools like logic models or Pathways of Influence help advocacy groups clarify and structure their goals and efforts before the advocacy intervention begins, an organizational boon that context-in approaches do not offer.

The process evaluation approach has the advantage of being able to influence the advocacy initiative while it is still being carried out. A common thread throughout the advocacy evaluation literature is that evaluation should be carried out while the advocacy campaign is happening. This simultaneous progression will allow for the monitoring of process and interim outcomes, as well as final outcomes and responses to changes in the campaign and in external events (Andrew & Harold, 1997; J. Chapman & Wameyo, 2001; Coates & David, 2002; HFRP Staff, 2007). Gladwell's "Tipping Points" theory can be utilized to increase the value of advocacy. Gladwell (2000) argues that minute changes in small aspects of initial conditions can have large effects. Identifying these tipping points can add value to efforts by highlighting places where advocacy action would be most effective.

Some evaluative approaches attempt to measure the planning, process, and outcomes of advocacy initiatives. For example, Stead et al. (2002) describe a three-stage method of advocacy evaluation. The first stage is formative evaluation, in which the chosen goals and target audience of the intervention are evaluated, and former advocacy efforts are also reviewed. This process can include secondary research, interviews with key stakeholders and members of the media, and media analysis. Formative evaluation is then followed by process evaluation, in which the implementation of the initiative is documented and evaluated. Finally, the evaluation process ends with outcome evaluation. According to Stead and colleagues, there are five types of outcome evaluation: media outcomes, public opinion outcomes, policy outcomes, community outcomes, and advocacy outcomes. Measurement of these outcomes can include content analysis of media coverage, public surveys, audits (e.g., of tobacco advertising or tobacco sales to minors), longitudinal cohort studies, focus group research, and interviews. Therefore, the strength of Stead et al.'s (2002) framework is that it includes both quantitative and qualitative

research methods and is derived from both the health promotion and media analysis fields. Stead et al.'s approach thus differs from the other evaluative methods mentioned in that it strives to address all stages of the advocacy process, rather than just focusing on agenda setting, implementation, or outcomes. The drawback of such a comprehensive approach is its higher cost and the possibility that truncated funds will prevent a thorough evaluation at each stage (Stead et al., 2002), but with careful planning this can be avoided.

The use of participatory evaluation concepts fit nicely with the models that have been mentioned so far. Participatory evaluation involves directly including the team members of the population and/or community of interest (i.e., advocates). Members are offered the opportunity to participate in all phases of the project so they can play a direct role in guiding the development, documentation, and/or shaping of information regarding itself. Although participatory evaluation is characterized as being more informal and having less structure, with careful monitoring this does not mean that this approach has to be less effective (Fine, Burns, Payne, & Torre, 2004; McIntyre, 2000; Potvin, Cargo, McComber, Delormier, & Macaulay, 2003; Wakeford & Pimbert, 2004). Participatory evaluation can maximize the usefulness of evaluation data for intended users.

CONCLUSION

On the surface, evaluation may seem to endanger the freedom of advocacy, ignore the achievements of long-term partnerships, and support short-term focused advocacy; however, there are several methodologies available to conduct a sound evaluation of advocacy work. Advocacy work can be evaluated.

From the review of the literature it seems that a fundamental problem in undertaking the evaluation of advocacy work is failing to fully understand the nature of the advocacy process—its multiple aims, multilayered structures, shifting timeframes, long-term goals, and the nature of the power structures it aims to influence. Therefore, it is essential that an evaluation of advocacy uses the following principles of participatory evaluation:

1. Make sure that the advocates' values get measured.
2. Identify the different dimensions of advocacy work and their outcomes.
3. Monitor process as well as outcomes.

This article has identified some of the evaluation issues in which advocacy evaluations are involved, as well as some evaluation models that can be applicable for evaluating the complex work of advocates and advocacy groups. It is interesting to note that the general principles of evaluation can be applied to advocacy as much as they can be to any other evaluation. For example, all evaluators conduct systematic investigations, which can be quantitative, qualitative, or use mixed approaches. They typically use methods such as interviews and surveys, and employ tools such as logic models and theories of change. Further, the purpose of the evaluation remains the same: to provide high-quality information that is useful for all stakeholders. However, it should be noted that evaluating advocacy work does require modifying the existing evaluation models and tools to fit the needs of advocacy. This is particularly important because advocacy strategy evolves over time, and objectives can shift priority, as was evident with the case of OCAT. These are major differences when comparing advocacy evaluation to evaluating direct services or programs, and evaluators must take these into account.

NOTES

- 1 Bill 11 is a ban on smoking in cars with children.
- 2 A search of PubMed and the general internet was done from September to November 2009 looking for both published and grey literature. A variety of key terms were utilized: Canadian, tobacco, control, advocacy, evaluation, advocates, campaign.

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