

Public Health Advocacy: Lessons Learned from the History of the Alberta Public Health Association (1943-Present)

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INTRODUCTION

The Alberta Public Health Association (APHA) is a provincial not-for-profit association representing public health in Alberta, whose vision is to improve health and reduce health inequities. The APHA was established in 1943 and has been a voice for public health advocacy in Alberta ever since, yet little is known about its history. Understanding the history of this organization and the key figures within it serves as a resource for the public health community by contributing to its institutional memory. Therefore, the purpose of this project is to provide lessons learned for effective public health advocacy which can be utilized by not-for-profit organizations like the APHA, especially pertaining to public policy, decision-making, and partnership building.

METHODOLOGY

We conducted an historical, qualitative content analysis of the APHA archives from 1943 to 2015 (Box 1). The historical materials are located at the Calgary Archives and the Provincial Archives of Alberta. From the archives, we constructed an historical narrative to contextualize APHA's long history of advocacy in Alberta. We also conducted thirteen oral history interviews with long-time members of the APHA, past and present. We used line-by-line open coding and thematic analysis on interviews to discern key lessons for contemporary and future public health advocacy towards improving population health and health equity.

Box 1. Examples of APHA Archival Materials

- Meeting minutes
- Annual reports
- Newsletters
- Correspondence
- Convention Programmes
- Photographs
- Strategic plans
- Resolutions
- Project files
- Presentations
- Workshop materials
- Newspaper clippings
- Journal articles

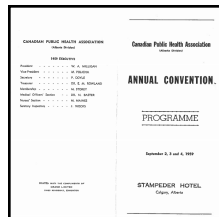


Figure 1. APHA convention programme, 1959



Figure 2. APHA newsletter, 1997

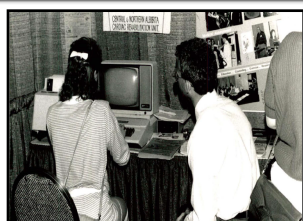


Figure 3. APHA conference exhibit, showing need for (cardiac) health services province-wide, 1989



Figure 4. David Suzuki's keynote at the 1989 APHA conference, "Achieving equity in health: Strategies and resources," shows the growing interest in environmental issues among APHA members.

HISTORICAL CONTEXT OF PUBLIC HEALTH ADVOCACY IN ALBERTA

1940s – Early 1970s:

- Social Credit Party in power from 1943 to 1967.
- Economic growth coming out of the Second World War (e.g., booming oil industry, housing developments, population increase).
- Infectious disease outbreaks are still common in the province (e.g., tuberculosis).
- Growing trust in science (e.g., epidemiology, bacteriology, microbiology).
- Health services in the province begin to be organized into Health Units.

Mid-1970s – 1980s:

- Progressive Conservative Party comes into power among a growing middle class, increased wealth, and secularization in 1971 and remain in power until 2015.
- Health promotion incorporated into public health.
- Social movements influence public health to adopt health equity and social justice as core values.

Mid-1990s – Present:

- Government spending decreases in Alberta (under the Klein Government), while inequality increases in the province.
- APHA loses government funding in 2008.
- Population health discourse emerges in public health, which explicitly incorporates health equity and social determinants.



Figure 5. Stephen Lewis, delivering Keynote at the 1989 APHA conference

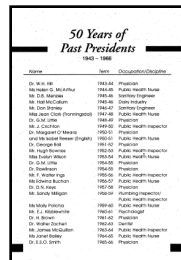


Figure 6. List of APHA Presidents, 1943 – 1966, shows this role was held by individuals from diverse background



Figure 7. Pamphlet cover for the 1993 APHA conference

KEY FINDINGS

Key findings have emerged from the history of the APHA that have informed the lessons learned, drawn from this history. These include:

- Over time, the APHA has become more upstream in the resolutions it supports, reflective of its current focus on health inequity and how health is influenced by the inequitable distribution of wealth, power, and resources.
 - 2002: Climate change and the Kyoto Accord
 - 2006: Reconsideration of the National Child Benefit Re-Investment in Alberta
- APHA has become more inclusive of various disciplines involved in public health, as reflective in its membership and presidents (Figure 6). This voluntary membership has included students, researchers, practitioners, government representatives, non-government organizations and community members.

LESSONS LEARNED

Partnerships are key:

Throughout its history the APHA has partnered with outside organizations to overcome limitations of available resources, and expand its reach, increase its influence, and build a network of like-minded individuals to support each other in working towards health equity.

Ex. Campaign for a Smoke-Free Alberta

• Canadian Cancer Society, Heart and Stroke Foundation, Physicians for a Smoke-Free Canada

Timing is crucial:

Within advocacy there is a 'window of opportunity' in which the social, political and economic climate seems to line up with the issues contemporary advocates want to advocate for. Historically, the APHA has tried to use this opportunity when possible.

"...You have to take into account the political environment, political attitudes of the day. So, if you know that the politicians are completely opposed to something, there's no point trying to push it through because you know that you're not going to be successful [...] be pragmatic in your advocacy."

Dr. Gerry Predy, 1982 APHA President

Resilience and persistence are necessary:

Volunteer work of any kind requires self-motivation. Volunteer work set in advocacy greets the special challenge of remaining resilient and persistent even when the inputted time and effort seems fruitless.

"Be persistent, because saying it once doesn't do anything. Saying it twice probably won't do anything [...] Be persistent, and be patient. Change doesn't happen overnight, and celebrate the little wins."

Dr. Kim Raine, 2010 – 2012 APHA President

An individual can make a difference:

The APHA is made up of multiple individuals however each individual brings forth specific knowledge, experience and insight in specific issues. It is individuals within APHA who set forth new recommendations, committees and spearhead new tasks.

"This is the story of public health in three sentences: We always win. We don't always win in the same way we think we are going to win or in the time frame, but we always win... And it always starts the same way: starts as a small group of people, sometimes as small as a single individual, who can imagine a world that is better than the world that they are in, and then they go on a journey with those people, strengthening one another's spirit to make that world come true."

Dr. Jim Talbot, 2001 APHA President

CONCLUSIONS

- Historical analysis has proven useful tool to collect APHA's experiences in advocacy.
- Lessons learned from the history of the APHA can inform contemporary advocacy in the APHA and other advocacy groups, including the role of social and economic circumstances.
- Given the complexities of the policy process, the role of APHA may not always be clear. However, through partnerships, good timing, and resilience it has contributed to the improvement of health for Albertans.
- This project, which is currently in progress, contributes to the further analysis that is required to discern a clear picture of the impact of APHA's advocacy efforts and contributing factors.



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