



Advocacy for action and meaningful change in public health in 2017

As the new year begins and we reflect on the events of 2016, few would argue that it was a year of palpable desire for change, exemplified by the events within the political sphere. A similar wave of discontent for the status quo and calls for stronger advocacy rippled through the public health arena, fuelled partly by growing evidence of the detrimental effects on health and wellbeing of policies and approaches implemented by the very institutions tasked with their protection.

Reflections on the state of public health in 2016 described the failure of public health to utilise all opportunities available, instead choosing to favour technical successes over political struggles and retreat from urgent engagement in the public sphere, which emphasised the need for a shift in the entire role of public health in this century.¹ In line with this call for radical change, leaders in the field gathered to explore upon public health communities, at all levels, the pressing need to recognise the multi-tiered determinants of health and opportunities for action. This appeal set the imperative for future action to acknowledge the importance of wider forces, such as the commercial and political determinants of health, global trade and welfare reform, economic and employment policies, and urban design. The leaders pledged to recognise the importance of innovation, transparency, and accountability.²

Past and recent history has provided us with the knowledge required to protect both health and economic prosperity.³ It is negligent to ignore this knowledge and allow policies centered on progressive reductions in taxation and welfare to continue to harm social cohesion and health.³ Whereas some individuals contest the role of advocacy within the field of public health, others take the view that to shy away from

advocacy is comparable to medical negligence,⁴ and we cannot ignore the desperate need and support for change. Advocacy, obligation, accountability, let us not become distracted by semantics—we require action for change.

To ensure meaningful change, a shift towards favouring models of collaborative working, for example between policy makers and the commercial sector, traversing the traditional boundaries of public health, is needed urgently. The beneficial outcomes of such approaches are evident.⁵ More can be done to support this way of working. As it carves a niche within the literature, *The Lancet Public Health* can act as a forum to promote work that bridges the current borders of public health, to make 2017 the year of meaningful change for all.

I declare no competing interests.

Copyright © The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY license.

May C I van Schalkwyk
maizie333@icloud.com

Department of Primary Care and Public Health,
Imperial College London, London W6 6RP, UK

- 1 Horton R. Offline: the case against (and for) public health. *Lancet* 2016; **388**: 2578.
- 2 The European Public Health Association and the Austrian Public Health Association. The Vienna Declaration. https://ephconference.eu/repository/publications/Vienna_Declaration_final_version_update28112016.pdf (accessed Dec 23, 2016).
- 3 Szreter S, Kinmonth AL, Kriznik NM, Kelly MP. Health, welfare, and the state—the dangers of forgetting history. *Lancet* 2016; **388**: 2734–735.
- 4 Tillmann T, Baker P, Crocker-Buque T, Rana S, Bouquet B. Shortage of public health independence and advocacy in the UK. *Lancet* 2014; **383**: 213.
- 5 Sallis JF, Bull F, Burdett R, et al. Use of science to guide city planning policy and practice: how to achieve healthy and sustainable future cities. *Lancet* 2016; **388**: 2936–947.