

Political Will: A Bridge Between Public Health Knowledge and Action

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We propose a new model of the public health policy cycle: the Bridges From Knowledge to Action model. Many prevention initiatives require policy change to achieve broad implementation. Political will, society's commitment to support or alter prevention initiatives, is essential for securing the resources for policy change. We focus on the role of political will in developing and implementing public health policy that integrates scientific evidence and community participation. (*Am J Public Health*. 2007;97:2010–2013. doi:10.2105/AJPH.2007.113282)

Most population-based public-health approaches that could prevent death and disability require social and political support to have a lasting effect. That support is often reflected in policy, the “laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behavior.”^{1(p1207)} For example, policy initiatives contributed to the control of infectious diseases,² declines in smoking,³ reductions in heart disease and stroke,⁴ safer motor vehicles and highways,⁵ and safer work-sites.⁶ We present a health policy model intended to harness social and political support (i.e., political will) to improve public health.

METHODS

Richmond and Kotelchuck^{7,8} identified 3 essential components for advancing public health policy: knowledge base, social strategy, and political will. Although many reports recognize the importance of a knowledge base and strategy for action, political will has garnered less attention.

Political will is “society’s desire and commitment to support or modify old programs or to

develop new programs. It may be viewed as the process of generating resources to carry out policies and programs.”^{8(p388)} Political will is based on “public understanding and support.”^{7(p451)} Here, *public* refers to both government leadership and the broader community.⁹ Public support can influence public health outcomes when economic, social, and intellectual resources are committed to address an issue. The following model presents possibilities for applying political will to advance health policy.

RESULTS

The goal of the Bridges From Knowledge to Action model is to develop and implement public health policy on the basis of scientific evidence and community participation. We conceptualize the health policy process as a cycle that uses new information and ongoing public support to sustain preventive action. Each phase within the cycle of the Bridges From Knowledge to Action model attempts to integrate processes from previous public health frameworks (Table 1) with the 3 essential components^{7–9} described earlier. We focus on the role of political will.

Gathering Information

The knowledge base about a public health issue can help guide policy formation, and political will expedites the development of a knowledge base (Table 2). The process is cyclical; community groups use data to convince policymakers to appropriate more resources for studies that might produce new data for community groups to use.

Preparing to Develop a Strategy

The groups concerned with an issue must develop a consensus about when the knowledge base is sufficient to develop a strategy for action. Although consensus building is difficult, several approaches foster the political will necessary to gather groups together and decide on appropriate actions (Table 2).

Drafting the Strategy

To design a comprehensive strategy, many stakeholders (e.g., basic and applied scientists, public health practitioners, community members) must collaborate to balance scientific evidence with the feasibility of potential

interventions. Political will is applied to secure resources for the strategy process (Table 2).

Preparing for Action

With a strategy in hand, the goal is to prepare for sustained action by further developing political will. Again, community groups can work with scientists to assess and develop the political will for policy implementation (Table 2). Collaborative workgroups might consider using economic analysis,^{18–20} community readiness assessment,¹² social marketing approaches,²¹ environmental scans,^{22,23} or implementation climate assessment.^{13,24}

Taking Action

By first developing political will, communities might be able to implement appropriate goals from the strategy for a longer duration. Public officials and legislative bodies can adopt or renew initiatives, appropriate resources, and shift public opinion.^{14,25} Later, the support of people who enact initiatives (e.g., public health practitioners, health providers) and the affected populations will determine implementation outcomes.¹³ If all stakeholders are collaborating to address a health issue (Table 2), then the strategy is more likely to succeed.

Evaluation

After taking action, community-based experiences can be incorporated into the knowledge base for the next iteration of the cycle (Table 2). In addition to tracking health outcomes, ongoing evaluation could document process results such as growth of political will, levels of implementation, and policy change.^{26–28}

DISCUSSION

Many efforts to create broad and sustained prevention initiatives will require policy change. The Bridges From Knowledge to Action model suggests that attention to specific phases in the development and implementation of public health policy might improve the chances of success. We argue that it is particularly important to devote time and attention to developing political will. Although political will is an “essential component” for advancing public health policy,^{7–9} the concept has been understudied.

TABLE 1—Conceptual Frameworks Used to Develop and Implement Public Health Initiatives

Bridges From Knowledge to Action model	Phase 1: Gathering Information	Phase 1.5: Preparing to Develop a Strategy	Phase 2: Drafting the Strategy	Phase 2.5: Preparing for Action	Phase 3: Taking Action	Phase 3.5: Evaluation
Public health advocacy process ¹⁰	Information	Strategy		Action		
Community capacity and ecological assessment ¹¹	Needs assessment	Initial mobilization	Prioritize needs; formal plan	Build capacity for action	Plan implementation	Tracking actions; evaluating effect
Community readiness ¹²	Local information; awareness (no awareness or denial)	Collective efficacy (vague awareness)	Concrete ideas; develop strategies (planning)	Develop leader support; costs vs benefits; resources (preparation or initiation)	Training; events; policy change (stabilization or expansion)	Evaluation; recognition events; reports of progress (confirmation or professionalization)
Innovation implementation ¹³	Innovation development; awareness	Awareness of innovations; select and adopt innovations; improve values fit		Implementation climate	Implementation effectiveness	Innovation effectiveness
Evidence-based policy development ¹⁴	Health risks and intervention development	Prioritize intervention options; policy development		Policymaker and community	Policy enactment support; mobilizing coalitions; capacity	Evaluation loop
Diffusion of innovations ¹⁵	Innovation development	Dissemination; diffusion; communication channels		Adoption; self-efficacy	Implementation and maintenance	
Organizational change/organizational development ¹⁶	Diagnosis; awareness of unsatisfied demands	Action planning; identify and evaluate alternative solutions	Action planning; adopt strategy; set policy	Process consultation; acquire and allocate resources	Intervention implementation; institutionalization	Evaluation
PRECEDE-PROCEED planning model ¹⁷	Social, epidemiological, behavioral, environmental, educational, and organizational diagnosis	Administrative and policy diagnosis; selection of interventions; goals and measurable objectives		Community values; availability and allocation of resources	Implementation	Data collection; process, effect, and outcome evaluation

The Bridges From Knowledge to Action model and many applications of political will are based on reviews of previous literature and anecdotal experience but have yet to be tested. Although this is a preliminary model, it can contribute to the ongoing dialogue about bridging public health knowledge and action. ■

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Contributors

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TABLE 2—Political Will in the Bridges From Knowledge to Action Model

Bridges From Knowledge to Action Model Phase	Primary Role of Political Will	Examples
Phase 1: Gathering Information	Apply political will to increase knowledge base	Legislatures request hearings on issue Policymakers request report on a health issue Government establishes a surveillance system Request increased research funding Community agrees to participate in research and dialogue about issue
Phase 1.5: Preparing to Develop a Strategy	Build political will to make an actionable strategy on the basis of scientific evidence	Identify influential “champions” for prevention Establish coalition or task force to address issue Use media interviews and opinion editorials to increase public awareness Hold public forums inviting citizen comment Lobby or testify on issue
Phase 2: Drafting the Strategy	Apply political will to craft the social strategy	Government and citizen groups join a coalition Identify leadership with conflict resolution skills, to facilitate participatory process Secure financial and social resources for process Policy entrepreneurs fit the strategy into political and economic context Groups take ownership and responsibility for strategy implementation
Phase 2.5: Preparing for Action	Assess and develop the political will necessary for implementation	Environmental scans and community analysis to identify needs, assets, and local opinion leaders (formal and informal) Assess community readiness and capacity Educate decisionmakers about the need for a long-term perspective on changing public health Preimplementation feedback from key stakeholders (target population, health professionals, public health practitioners)
Phase 3: Taking Action	Apply political will to implement plans	Cultivate interagency cooperation, community coalition, or advisory board Use media campaigns for public education and supporting prevention initiatives Citizens volunteer as peer providers or health educators Legislation or adoption of new policies and regulations Ongoing support by funding, training, and technical assistance
Phase 3.5: Evaluation	Develop political will for sustaining programs by using new knowledge	Community demand for accountability Disseminate information about process and outcome results in professional and lay outlets Funders request plans for sustainability Policymakers consider effect of recent policies and possible amendments

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