Measuring and maximizing public support for health policies
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Behavioural and Cultural Insights policy brief series
Abstract

Public support for health policies is a sometimes overlooked yet essential element of policy development and implementation. Public support influences the likelihood that a policy will be introduced, how likely it is to remain implemented, and its success. This policy brief explores why and how to measure public support, and how to maximize support for evidence-based and effective health policies. Measuring public support not only helps to identify possible barriers to implementation and policy success, but also gives the public a voice in the policy-making process, which can increase trust and improve government-public relations. Many factors influence whether the public support or oppose health policies in specific contexts. Understanding why a specific policy achieves low or high support can inform decisions to change or redesign the policy or to invest in more effective communications. Integrating behavioural and cultural insights at all stages of the policy-making process can help to ensure rigorous research is conducted to inform and evaluate strategies to introduce and implement evidence-based health policies. Understanding the public, giving it a voice, and using these insights to maximize policy support will have a profound effect on bringing about more successful health policies.
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This policy brief focuses on the following three considerations: 1) why public support for health policies matters; 2) how to measure and explain it; and 3) how support for effective policies can be maximized. The policies focused on in this brief are evidence-based and effective health policies, such as vaccine mandates, increasing excise taxes and prices on tobacco products, and reformulation of food to reduce salt intake. For brevity, the term “health policies” is used throughout.

The policy brief draws on ideas and methods from behavioural and cultural insights for health, including a key focus on people-centredness and the use of data and evaluation in policy design and introduction.¹

The specific focus on public support does not preclude the importance of understanding other factors that influence whether a policy is adopted and implemented, such as the role of private companies and non-profit-making organizations. Public support is one element in applying systems approaches to health policy (1).

Definition of public support

One definition of policy support is an attitude held towards a particular policy (its introduction, implementation or continued existence). Such attitudes exist on a spectrum from strong opposition, through neutrality (no strong feelings either way), to strong support. It is also possible for members of the public to support some parts or aspects of a policy, but not others. Other commonly used synonyms for policy support include public acceptability of policies, public will for policies, and public favourability of policies.

¹ The term “behavioural and cultural insights” was coined by the WHO Regional Office for Europe, referring to a comprehensive approach to health behaviours that acknowledges and addresses both individual and contextual factors affecting these behaviours. The approach is grounded in the notion that responsibility for health behaviours lies with individuals, governments and health systems alike.
Why is public support for health policies difficult to predict?

It can be difficult to predict how new policy measures will be perceived by the public. Policy-makers often make inaccurate predictions about the public’s preferences (2). There are four main reasons for this:

1. **Policy novelty** When a new policy is proposed – one that is dissimilar to previous health policies – it is hard to know whether the public will support or oppose it.

2. **Dynamic nature of policy support** Public support for health policies is dynamic. It can change frequently, making it hard to predict. Figure 1 illustrates this by plotting the proportion of the public who supported a series of policy measures to contain COVID-19 (such as distributing free masks and banning public events) over the first year of the pandemic and across countries/areas.

3. **Media attention and framing** Issues that are prevalent in the media and the way they are framed can influence policy-makers’ judgements about the public’s preferences (3).

4. **Vocal minority** A loud minority of the public can lead policy-makers to the incorrect conclusion that their views represent the majority. Behaviours of the loud minority – such as posting on social media, emailing local representatives or protesting in the street – are often readily available to policy-makers. By contrast, the “silent” majority who may not readily share their attitudes may go unnoticed. This problem is pronounced when there is significant heterogeneity in policy support.

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**Fig. 1.** Public support for COVID-19 containment policies by country/area over the first year of the outbreak, February 2020–February 2021

Source: YouGov (4)

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**Countries/areas supporting COVID-19 policies (%)**
Why public support for health policies matters

There are three main reasons why public support for health policies matters and why it should be measured:

1. to support policy adoption
2. to improve trust and government–public relations
3. to increase adherence and compliance with policies.

Supporting policy adoption

Adopting health policies is a complex process with many barriers that can delay or ultimately block their adoption and implementation. However, public support is one key factor (see Box 1 and Box 2). Policies that are popular with the public are easier to implement, while those that are strongly opposed by the public are harder to implement (5–8). This is not unique to health policies, but affects many other domains too, such as climate and environmental policies (9). Indeed, some estimates from climate change policy suggest that, for every additional 10% of the public that support a policy, the odds of achieving policy adoption increase by 9% (10).

Often, policy-makers are more likely to support policies that they perceive to have high public support (and oppose ones that they perceive to have low public support). This means that public support has an indirect influence on policy adoption by influencing political consensus. One study illustrating this point randomly allocated some politicians in Belgium to receive polling data which stated that over 70% of voters supported a particular policy, and compared them to politicians who did not receive these polling data (11). Both groups were asked to rate the likelihood of their supporting this policy in parliament if it were to be proposed. The politicians who received the positive polling data reported being much more willing than the other group to support the policy.

In some cases, public support has a direct influence on policy-making. This occurs in referenda, in which a particular policy option is put to a public vote and the policy is implemented if a sufficiently high proportion of the public support it. A recent example is the 2022 referendum in Switzerland on prohibiting tobacco advertisements aimed at children, which passed after 57% voted in favour of the restrictions. However, referenda are relatively rare in health policy-making and account for only a minority of cases where public support influences policy-making.
A second reason to measure public support is that it can improve trust and the relationship between governments and the public by giving them a voice.

Improving trust and government–public relations

A second reason to measure public support is that it can improve trust and the relationship between governments and the public by giving them a voice. The extent to which the public judges a government to be fair is often dependent on whether they feel respected by representatives of the government, whether the process and outcome of policy-making are adequately explained, and – most importantly here – whether the public have a voice. This, in turn, makes the public more likely to trust the government, to treat government representatives positively, and to support the policy decision.

The importance of giving the public a say in policy-making was tested in a survey experiment conducted in the United States. Participants received information about a US senator’s voting decision concerning a piece of legislation; some of them were randomly selected to receive further information about whether the public supported the legislation, some were not. When participants saw that the decision was consistent with the public’s support, they were much more likely to think that the senator had made the correct decision.

While attempts to give the public a voice on policies are common, there is large variation across nations in terms of the nature of the methods employed and how frequently they are used. There is plenty of room for improvement to integrate the public more deeply into the policy-making process, which could ensure that the right policies are enacted in the right contexts for the right populations.

**BOX 1. IMPORTANCE OF POLICY SUPPORT**


A powerful example of the role of measuring public support comes from tobacco regulation. In 1996 polling data suggested that only 48% of the English public supported the implementation of a smoking ban in pubs – a key part of a wider policy that aimed to ban tobacco smoking in indoor public spaces. Around this time politicians were saying that a smoking ban was too unpopular to be implemented in their lifetime. Over the next 10 years public support increased to approximately 66%. This gave the Government the confidence to initiate extensive consultations with the public, ultimately leading to a government white paper outlining the planned implementation of the ban. In 2007 the policy was gradually introduced, and in the years that followed, cigarette sales decreased by 6.3% and exposure of children and bar workers to secondhand smoke dropped by over 70%, while hospital admissions for myocardial infarctions dropped by 2.4% in the first year alone. The implementation and its success have been in part attributed to the continued support of the public.

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2 For further details, see the below section ‘How to measure and explain public support for health policies’.
Increasing adherence and compliance with health policies

To be effective, health policies that are intended to change behaviours need to ensure that behaviour does indeed change when the policy is implemented. The link between attitudes (such as policy support) and behaviour (such as adherence to a policy) has been well established and is one of the most researched topics within behaviour change (19). For example, when smoking restrictions are implemented, the public need to comply with these restrictions. This means that people need to stop smoking in prohibited spaces, and they need to enforce the restrictions by stopping other people from smoking. Evaluations of smoking restrictions in the United Kingdom, Canada and Australia show that greater support for tobacco restrictions predicts compliance with the policy (20). Furthermore, research on smokefree legislation in Mexico City shows that greater support for the legislation predicts firmer intentions to enforce the smoking ban if the individual observes someone smoking in a smokefree space (21).

**BOX 2. IMPORTANCE OF POLICY SUPPORT**

**CASE STUDY 2.**
Carbon tax, France (2018)

In 2018 the French Government proposed to double the current rate of carbon tax with the aim of reducing transport emissions (22). Originally set at €7 per tonne of carbon dioxide emitted (€7/tCO₂) in 2014, this rate had increased to €44.6/tCO₂ by 2018, and the plan was to increase it to €86.2/tCO₂ by 2022. The plan was supported by environmental organizations but was met with a strong backlash by sections of the general public. This strong opposition led to widescale protests by the “gilets jaunes”, referring to the yellow high-visibility jackets worn by the protestors. This strong opposition and the protests that followed led the Government to reverse its plans to increase the carbon tax (23).

While the first case study highlights the role of increasing public support in policy implementation, the second highlights the importance of understanding and responding to public opposition.
Public support for a policy can be measured quantitatively by asking questions in surveys with fixed response options, or qualitatively by asking open-ended questions in surveys, interviews or focus groups. While quantitative surveys provide large-scale data which can be monitored over time, qualitative options can provide more in-depth perspectives on why individuals may or may not support a policy, the influential factors and the context.

There is also a wide range of deliberative approaches to policy-making which place the public at the centre of the process and allow public support to be integrated into policy discussions. The Organisation for Economic Co-operation and Development (OECD) identified 12 models of these deliberative processes which can involve citizen participation at all stages of the policy design process and can be implemented from local to international levels (24). Social media monitoring can also be used to identify public beliefs and attitudes about policies. However, it should not be assumed that these are representative of the general public. Rather, they might provide some insights into why support may be low or high. Case studies illustrating surveys, focus groups and deliberative methods are given in Boxes 3-6.

This policy brief focuses on using surveys, interviews and focus groups. Information provided here is intended to describe an overview of relevant methods. To ensure rigorous data collection, behavioural science experts can be engaged.

BOX 3. MEASURING PUBLIC SUPPORT

CASE STUDY 1.
Using surveys to measure public support for travel policies

In May 2020 the polling agency YouGov ran a survey in coordination with Greenpeace to explore public attitudes towards various travel policies (25). This involved recruiting 1679 adults who were selected to be approximately representative of the United Kingdom nationally. A combination of recruitment quotas and applying survey weights was used to ensure the sample matched the same proportions recorded in the last national census and general election for gender, age, social grade, region, general election voting and European Union referendum voting. Support for six policies was measured with a single item each, with participants asked: “To what extent do you support or oppose each of the following measures being introduced?” Response options included: strongly support, tend to support, neither support nor oppose, tend to oppose, strongly oppose, and don’t know. One policy they examined was “Introducing cycle lanes on all main roads in urban areas”. Merging “strongly support” and “tend to support” responses led to the conclusion that 58% of the public supported this policy.
Using surveys to measure and understand public support

**Question wording**

The most common question used in research and by public opinion polling agencies is a single-item question with a 5–7-point response scale ranging from “Strongly support” to “Strongly oppose”, with an additional item for “Don’t know”:

“Do you support or oppose [policy]?”
1. Strongly support
2. Support
3. Neither support nor oppose
4. Oppose
5. Strongly oppose
6. Don’t know

How the policy is described is also important and can influence the results (see Box 4). The policy description should be as close as possible to the planned policy, but not so long and detailed that the respondents will find it difficult to understand the description or lose attention. In some cases, a longer introduction to the policy will be needed, when it is an area the public is not familiar with or when it covers particularly complex issues and solutions.

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**BOX 4. IMPACT OF QUESTION WORDING**

As an example of the impact of question wording on responses, the following questions all measure public support for the same policy:

(a) Do you support or oppose warning labels on tobacco packages?
(b) Do you support or oppose graphic warning labels on tobacco packages?
(c) Do you support or oppose graphic warning labels on tobacco packages such as the one visualized below? [image of graphic warning label presented to participants]

Studies that provide images of graphic warning labels with the questions (question (c) above) report lower levels of public support than studies that just describe the labels as graphic warning labels (question (b)) (26,27). This highlights how easily the results can be influenced by the design of the question.

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3 The lead author of this report (James Reynolds) is currently evaluating the validity and reliability of these and other measures; until this work is complete, measures that are common in research and polling are recommended and can be used to allow comparisons.

4 Other common measures include acceptability (“How acceptable or unacceptable do you find [policy]?”) and favourability (“Do you find [policy] favourable or unfavourable?”). However, these questions all appear to measure the same underlying construct and therefore can be used interchangeably (13).
Preliminary piloting

Pilot work may be useful when designing survey questions, and the policy description in particular. Partnering with a behavioural scientist with expertise in scale development may also be useful. This is especially important when translations of policy support questions are used, as the validity and reliability can be dependent on the language and local context in which it is evaluated.

Depending on time and resources, this pilot work can involve: 1) “think aloud” work, where pilot participants complete the survey by reading the questions while saying their thoughts out loud; 2) interviews/focus groups where participants are asked to explain what they think the question and policy mean; and 3) preliminary surveys, in which iterations of different phrases are used to see if subtle changes to wording influence the results. These approaches can help to identify wordings that are not understood or that are misinterpreted by the reader and can be replaced with more appropriate words.

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**BOX 5. MEASURING PUBLIC SUPPORT**

**CASE STUDY 3.**
Using a citizen assembly to generate environmental policy proposals

In June 2022 over 400 local citizens from Rheden, a town in the Kingdom of the Netherlands, were randomly selected to meet in a local sports hall to answer the question: “How will Rheden become CO$_2$ neutral before 2040?” (28). During this meeting, and several more that followed, the citizens were divided into smaller groups and discussed environmental topics with each other, with experts and with politicians. Proposals containing an array of strategies and policies were developed and put to a vote in November 2022. These proposals included ideas such as “Involve a behavioural scientist and communication expert in communications with citizens, so it becomes clear that CO$_2$ reduction is a necessity and brings benefits” and “3–30–300 will become the norm: at least three trees visible from every home, at least 30% foliage in every neighbourhood, and a maximum of 300 meters from the nearest park or urban forest”.


How to explain policy support
Measuring policy support only tells us if the public support or oppose a policy; it does not explain why this is the case or what could be done about it.

Analysing the public’s responses regarding these factors gives policy-makers a sense of why support may be high or low and which factors are most closely linked with policy support and therefore need to be taken into account in a policy introduction strategy before and during policy implementation.

There are a large range of variables that explain why the public may support or oppose a particular policy. Several key variables based on existing theory and empirical evidence (29–31) include:

1. **Perceived fairness of the policy** This is typically the strongest predictor of policy support. It often becomes important when dealing with more intrusive policies such as banning a product or raising its price.

2. **Perceived effectiveness/benefits of the policy** This is the next strongest predictor after fairness. This variable describes the positive outcomes the public think the policy will have for society or for their own life and for their family and community, including their daily life, health, opportunities and financial situation. Often the perceived benefits for society diverge from those of the individual, so it may be necessary to measure them separately.

3. **Perceived harms of the policy** This describes what the public think are the costs or negative consequences of the policy. As above, this could include the harms of the policy for society or for the individual.

4. **Perceived scale of the problem/perceived risk** This describes the public’s beliefs about whether the problem that the policy is targeting actually exists, how severe the problem is, and whether the individual perceives a risk to themselves or those they care about.

5. **Responsibility** This describes who the public feel is responsible for solving the problem, which could be the government, businesses or individual members of the public.

6. **Trust in government** This describes whether the public trust the government to do what they say and to deliver the policy.

7. **Social and cultural norms** There are many types of norms that could be measured, but an important one is the public’s perceptions of whether the policy would be acceptable to other members of their community.

8. **Emotions and affect** This describes the emotive or affective responses to a policy, such as happiness, fear, relief or anger.

While this list of eight factors is not exhaustive, these variables explain a large majority of the variance in public support (29–31). Depending on the policy domain (for instance, alcohol, pandemic responses, breastfeeding promotion, vaccination), the policy type (for instance, product labelling, reformulation, vaccine mandates, informational campaigns), and the cultural context, different variables may be more or less appropriate for predicting and explaining variance in policy support.

For example, support for tax to reduce tobacco consumption is significantly higher than support for tax to reduce alcohol consumption in the United Kingdom (26). During times of high inflation, support for taxation approaches to change behaviour will likely be lower. The time of year may also be influential: during the summer, when people can smoke outside, an indoor smokefree policy may receive higher levels of support. And at times of crisis (during an international conflict, for instance, or at the peak of COVID-19), when one problem is salient, there may be less support for policies tackling other problems.

To identify the most relevant variables to measure, focus groups or interviews can be conducted and/or experts in behavioural and cultural insights consulted; see the next section for recommendations on conducting interviews and focus groups.
Participant recruitment and sampling
The first step to sampling is typically defining the target group – whose voices need to be heard? This could be the population of a country or a specific subset, such as people who have not been vaccinated or those living with a physical disability. Once the target group has been decided, it is recommended to work with a polling agency or similar to ensure recruitment and appropriate sampling (that is, to ensure that the sample is representative of the population of interest).

Different organizations have different approaches to ensuring the sample is representative; these include probability-based approaches, such as simple random samples (where everyone within the target group has an equal probability of being contacted for participation) and non-probability-based approaches, such as quota sampling (in which recruitment quotas by demographic group and survey weights are matched to recent census data).

Requesting information on the methods used by prospective polling agencies to ensure a representative sample can save time and help to evaluate which organization to work with. These organizations should be independent and not affiliated with or influenced by any industrial or other body that has interests in the results of such work.

If the aim is to understand the views of particular groups that would be most affected by a policy, then there are two possible strategies: targeting polling or recruiting a large enough nationally representative sample that sub-analyses of the selected group of interest are possible.

Care must be taken to ensure that the views of groups that are typically underrepresented in political decision-making are collected. Care must be taken to ensure that the views of groups that are typically underrepresented in political decision-making are collected, as they may be less likely than others to voice them via usual or visible outlets such as social media. They are also much less likely to be signed up to a polling agency’s participant panel. Reaching out to community-based organizations, patient advocacy groups, sports clubs or others that may include members of the target population of interest can allow a more diverse sample to be gained.

When the aim is to recruit a nationally representative sample, approximately 1000 participants is typical. When the aim is to recruit from a smaller population, such as those with a specific health condition, the sample size may be more dependent on practical considerations. More detailed sample-size calculations can also inform the decision on sample size and are recommended (32).

**BOX 6. MEASURING PUBLIC SUPPORT**

**CASE STUDY 2.**

Using focus groups to measure support for alcohol control policies
Researchers from the Universities of Sheffield (England, United Kingdom) and Stirling (Scotland, United Kingdom) conducted focus groups on attitudes towards alcohol control policies (33). They recruited 89 participants in 16 focus groups consisting of 4–6 participants each. Each focus group was recruited to contain similar individuals (that is, in each group they were all of a similar age, the same gender, residing in the same country, and with similar socioeconomic status). Each focus group took place in a neutral setting (such as community hall or a hotel). A semi-structured topic guide was developed to facilitate discussion about different alcohol control policies (for instance, minimum unit pricing and use of health warning labels on alcohol products), and participants were asked open-ended questions about alcohol-related problems and these policies. The focus group discussions were recorded, transcribed, and then analysed to generate themes that explained the participants differing attitudes towards the policies. Example themes included perceptions that policies were unfair, and a lack of trust about how the Government would use money raised from additional alcohol taxation.
How often to measure
As public support for policies changes dynamically over time, regular measurements are sometimes needed. This is particularly true of novel issues, as was the case during the first and second years of the COVID-19 response efforts, where support for policies was measured weekly in some places (see Fig. 1). For tracking unstable or novel policies, measurement every week or month would give sufficient granularity to detect short-term changes.

In contrast, some organizations track public support for certain policies on a yearly or six-monthly basis (typically for tobacco or alcohol policies) and often see only small shifts in attitudes between measurement occasions. For tracking stable and well-established topics and policies, measurement could be repeated every six months, every year or every few years. In all cases, the decision will be influenced by balancing resources with the amount of data required.

Using interviews and focus groups to measure and understand public support

Question wording
Conducting individual semi-structured interviews or a focus group with multiple participants involves developing an interview guide containing questions about the topic of interest. This could include understanding the level of support for the relevant policy or understanding the policy itself, along with prompts to explore barriers and drivers to support and gain deeper insights into the context. Semi-structured approaches also permit some flexibility by allowing the participants to take the discussion in directions that are not planned. Other forms of interview design are possible, including structured (all questions are created in advance and asked in order) and unstructured (questions are not prepared and each interview is free-flowing and contains different questions).

As with surveys, the description of the policy can influence the responses, so the policy should be carefully described in the interview guide. Question wording in interviews and focus groups is no less important than in surveys, and qualitative research experts can help to ensure that the questions are constructed appropriately. An example question wording could be: “To what extent do you support or oppose a policy to …?”. Other approaches involve giving participants a printed card containing the policy’s name and asking them to place it between two other printed cards that read “Oppose” and “Support”.

How to explain policy support
Interviews and focus groups offer unique opportunities to gain rich insights into the reasons why the public may support or oppose policies. A simple strategy is to ask participants to discuss why they support or oppose policies. This has the advantage of identifying the most salient factors in the participants’ minds without biasing them towards specific barriers or drivers to policy support. This could be followed by a more targeted approach, where participants are asked questions mapping onto specific reasons (for instance, problem awareness, policy effectiveness, social norms or cultural context). Leading questions should be avoided by giving both ends of the spectrum in question wordings (for instance, “How effective or ineffective do you think …?”). Example question wordings include:

“What do you know about the causes of [problem]?”
“What do you think the best solution to [problem] is? Why?”
“How effective or ineffective do you think [policy] would be at solving [problem]?"

Participant recruitment and sampling
Different approaches can be used to recruit participants. Many agencies that recruit for surveys also offer services to recruit participants for interviews and focus groups. Some governments and other organizations have set up citizen panels with participants who are readily available to take part in interviews and focus groups when needed. Finally, targeted or opportunistic recruitment can occur within a local area. The exact approach can be tailored to the specific budget and aims.

The sample size can vary but is often 8–30 for individual interviews and 4–15 for each focus group, with some studies recruiting 2–20 such groups. For further information, see the review of methods used to measure support for health policies by Howse et al. (34).
How to maximize public support for health policies

This section provides an overview of how the public form their attitudes about policies, and how this changes over time and in response to new information.

Five steps to maximize policy support

This report suggests five key steps to maximize public support (Figure 2):

1. Measure support and its determinants
2. Design policy for maximum public support
3. Develop a comprehensive communication strategy
4. Introduce the policy using all modes possible
5. Evaluate all activities

These steps are discussed below. The purpose of this step-by-step process is largely to organize the key points in a simple way. However, the process may not be linear, and factors such as time pressure, limited budgets and political preferences may limit the scope of which steps are possible.

**Step 1. Measure support and its determinants**

The first step is to measure public support for the policy in question within the target population using the methods described above. This should also include investigating the reasons why public support may be low or high, which can then inform the following steps.

**Fig. 2. THE FIVE KEY STEPS**

- **Step 1** Measure support and its determinants
- **Step 2** Design policy for maximum public support
- **Step 3** Develop a comprehensive communication strategy
- **Step 4** Introduce the policy using all modes possible
- **Step 5** Evaluate all activities
Step 2. Design policy for maximum public support

A crucial step in maximizing public support is to consider the population perspective early in the design of the policy.\(^5\) Considering the population perspective may involve the following elements: public involvement in policy design; evaluating the acceptability of different policy types; measuring support for policy characteristics; and valuing policy effectiveness and earmarking.

- **Public involvement in policy design**
  Giving the public a voice, as discussed above, is one method to help bridge the gap between popular and effective policies. This includes involving the public, stakeholders, and people directly affected by the policy in the policy design process. This can help engender trust and increase the likelihood that the public will agree with the final decision made.

- **Evaluating the acceptability of different policy types**
  Different types of policy, such as taxes, restricting access to products, regulating industry and reformulation, all have different baseline levels of support, which vary across populations, across policy domains, and over time. For example, a tax to change tobacco consumption has been shown to receive higher public support than a tax to change alcohol or food consumption (26), while a regulation restricting the location of snack foods within supermarkets received less support in Japan than in Australia (35). Evaluating the acceptability of the policy type is recommended by existing frameworks such as the APEASE criteria (36).\(^6\) This can be done by reviewing the existing evidence or conducting new research, as outlined above.

- **Measuring support for policy characteristics**
  The specific characteristics of the policy and how it is implemented will also influence policy support. As noted above, the choice of policy characteristics will be influenced by many other factors (such as effectiveness and practicality), but the role of policy support should not be overlooked.

  For taxes/levies, characteristics that may increase public support could include the criteria used to decide which products receive the tax or the level of tax. For smokefree legislation, this could include the spaces that will be designated smokefree or the penalties for violating legislation. For labelling policies, this could include the specific information that is presented on labels. Measuring support for these policy characteristics using surveys, interviews, or focus groups can be used to inform decision-making here.

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\(^5\) Many other factors will be important in policy design, such as the effectiveness and cost-effectiveness of the policy, the available budget, and the preferences of the government. However, here we argue for the importance of considering public support in design process.

\(^6\) APEASE = Acceptability, Practicability, Effectiveness, Affordability, Side-effects, Equity.
• **Valuing policy effectiveness and earmarking**  
The policy selected should have high levels of effectiveness at achieving the primary outcome with minimal costs. The cost–benefit analysis of the policy is central to the public’s support, so selecting a policy where there is strong evidence of its effectiveness and benefits, alongside a clear overview of its downsides, is one of the most important factors. Selecting a highly effective policy will help during the communication strategy, as it will be easier to communicate the evidence of policy effectiveness. In the specific case of taxes and levies, such as those applied to sugar-sweetened beverages, alcohol or tobacco, there is one approach to policy design that can significantly increase support for an otherwise unpopular policy: earmarking (37). This involves committing to use the money generated through the tax to improve public services – putting it towards the health system is particularly popular.

*Step 3. Develop a comprehensive communication strategy*

The communication strategy can be developed and implemented at multiple stages: before adoption of the policy, after adoption, during implementation, and after implementation. The content of communications may change and be continually refined over time, informed by the information available and the current sociopolitical context. The points below focus on how the communication strategy can affect public support for the policy and should be used to inform and supplement existing communication strategies – it should not replace them.

For each of the points listed below, the mode of delivery should also be considered. With large-scale communications, this could include messages on televisions, billboards and interviews with journalists. When training community leaders, this could involve the methods by which the community leaders interact with members of the community. The specific points include:

- **Problem awareness**  
  Before the public will support a policy, they have to be aware of the problem that it is targeting. It is typically not sufficient to state that a problem exists – it is also necessary to highlight its consequences. This could include presenting the evidence of rising rates of obesity alongside the harms it causes (for instance, noncommunicable diseases such as cardiovascular disease or cancer later in life, mental health and stigmatization); or presenting evidence of the prevalence of alcohol overconsumption alongside the harms caused by alcohol use (such as violent crime and costs to the health service). A real-world example of this can be found in Box 7.

- **Cause–solution matching**  
The causes of a problem also need to be linked to the proposed policy solution. For example, if the policy is one that restricts industry from advertising fast food, then – along with discussing the prevalence and harms of obesity – it will also be important to highlight the role of fast-food advertising in contributing to obesity. Such cause–solution matching should increase perceptions of policy coherence and effectiveness, which should increase policy support (38).

- **Policy benefits and costs**  
  This is one of the strongest predictors of policy support and is therefore one of the most important points to highlight. Highlighting the evidence of the benefits and effectiveness of a policy is a reliable way to increase public support across many different health domains (30). The increases are largest when a policy has multiple benefits (39) – for instance, a tax on tobacco will effectively reduce tobacco consumption in the population, deter young people from starting smoking, alleviate the enormous health-care and economic costs associated with tobacco-related diseases, and generate substantial revenue. If a policy has a negative impact on individuals and does not help them, this could also undermine support. For example, a tax on sugar-sweetened beverages would increase the price for everyone, but people may not see it as having any benefits for them, leading to perceptions of unfairness. Communicating how the policy has benefits for everyone can go some way to compensating for this. For example, if a policy could reduce the burden on the health service (something that many benefit from), then communicating this would help to improve perceptions of fairness.

> Highlighting the evidence of the benefits and effectiveness of a policy is a reliable way to increase public support.
• **Public involvement and transparency** If the public were consulted during the policy design phase, then communicating this should again have multiple benefits, including improving trust and perceptions of fairness and increasing support for the policy (12,13). Providing more details about the policy design process and making it clear how decisions were reached can further support this aim.

• **Endorsement/messenger** The public are generally quite receptive to policies that receive endorsement from an individual or group that they trust. This can include endorsement from their political party, an organization that is trusted (such as WHO or health charities), notable scientists, or the general public (for instance, if a majority already support the policy). Social norms can be very influential at changing public support (31).

The selection of these points should be based, first and foremost, on clearly communicating with the public about the policy using evidence. While the goal can also be to increase public support, doing so should be done ethically and with transparent use of what is known and not known. Any distortion of facts or deliberate attempts to manipulate will only serve to undermine trust and reduce public support in the long term.

The communication strategy should be developed in collaboration with relevant experts, such as behavioural scientists and communication experts, who can advise on the process. Many useful examples and documents exist covering different aspects of developing a communications and advocacy strategy (40–42), including checklists (43), setting the media agenda (44), strategies used by journalists (45), preparing message maps (46), presenting data (47) and managing stakeholders (48).

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**BOX 7.**

**Effective communication characteristics:**

**Example from the United Kingdom during the COVID-19 outbreak**

The Prime Minister has announced a national lockdown and instructed people to stay at home to control the virus, protect the National Health Service and save lives.

The decision follows a rapid rise in infections, hospital admissions and case rates across the country, and our hospitals are now under more pressure than they have been at any other point throughout the pandemic.

This drastic jump in cases has been attributed to the new variant of COVID-19, which our scientists have now confirmed is between 50% and 70% more transmissible.

On 4 January, there were 26,626 COVID patients in hospital in England, an increase of over 30% in one week, and the April 2020 hospital admissions peak has now been surpassed by 40%.
To inform the communications strategy, academic databases can be consulted to identify published papers related to the specific area of work and to understand how public support has been successfully achieved (or not). If resources are available, this should be followed by pilot-testing of messages (for instance, in randomized online experiments) to assess their impact on belief change, attitude change and comprehension. In cases where such an evidence review and pilot-testing are not possible, the points above can be reviewed to inform communications.

**Step 4. Introduce the policy reviewing all modes possible**

The next step – policy introduction – involves reviewing all the possible options for policy introduction and communications. This includes the complete sum of large- and small-scale communications, training of key stakeholders (such as health workers and community leaders), working with businesses (if the policy affects their practices), and community engagement. This will be largely determined by the budget available, the problem that the policy aims to solve (for instance, tobacco use during pregnancy), the target population (people who smoke during pregnancy), and the nature of the policy or policies being introduced.

Ensuring enforcement of the policy is also necessary and can affect policy support. Efforts should be made to ensure that people are aware of the policy and its requirements and that strategies are in place to support enforcement and compliance. Incremental or phased approaches to implementation and enforcement can in some settings support policy success by providing the regulated community adequate time to prepare and comply with the policy.

**Step 5. Evaluate all activities**

Once the policy introduction process has been completed, Step 1 (“Measure support and its determinants”) should be repeated to help evaluate how the policy is being perceived, and why.

There is no agreed threshold for what would constitute a meaningful increase in support following the communications strategy and policy introduction. However, one systematic review that evaluated communications containing evidence of policy effectiveness found that policy support increased by four percentage points (say, from 50% to 54%) (30).

The evaluation should also include measuring the success of the policy itself: whether it achieved the intended behavioural and health outcomes (such as higher vaccination rates after a vaccine rollout or lower smoking rates after an indoor smoking ban); and if not, why not (for instance, lack of enforcement).
Conclusion

Public support is a critical factor for ensuring that evidence-based and effective policies are implemented successfully to achieve better health outcomes. Genuinely engaging with people and communities to understand their needs and their perceptions of policies can support the policy-making process and help to maximize policy success.

Careful policy design and communication can help to boost public support further, which in turn can assist with implementation and ensure the policy is effective. As one part of a wider set of strategies, this guide to incorporating policy support into the policy-making process plays a key role in implementing policies that can improve health and well-being for all.
References


Unless otherwise stated, all references were accessed on 22 November 2023.


The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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World Health Organization

Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: euinsights@who.int
Website: www.who.int/europe