**Public Health Advocates Google Group: input and discussions (December 2018)**

**Useful resources:**

Change Management:

* John Kotter “Leading Change”:

<https://wdhb.org.nz/contented/clientfiles/whanganui-district-health-board/files/rttc_leading-change-by-j-kotter-harvard-business-review.pdf>

* Moore, M Yeatman, H and Pollard, C *Evaluating Success in Public Health Advocacy Strategies* Vietnam Journal of Public Health Nov 2013

<https://espace.curtin.edu.au/bitstream/handle/20.500.11937/5242/204866_137745_Evaluating_Success_in_Public_Health_Advocacy_Strategies.pdf?sequence=2&isAllowed=y>

Advocacy / Knowledge Translation:

* Public Health Advocacy Institute of Western Australia – Toolkit

<https://www.phaiwa.org.au/the-advocacy-toolkit/>

* How should academics engage in policymaking to achieve impact?

<https://paulcairney.files.wordpress.com/2018/09/cairney-oliver-psr-accepted-version-21-9-18.pdf>

* What makes an academic paper useful for health policy?

<https://bmcmedicine.biomedcentral.com/track/pdf/10.1186/s12916-015-0544-8>

* Fafard/ Hoffman - Rethinking knowledge translation for public health policy

<https://www.ingentaconnect.com/content/tpp/ep/pre-prints/content-ppevidpol1700028r3>

* Patrick Fafard, et al. Contested roles of Canada's Chief Medical Officers of Health.

<https://www.qxmd.com/r/29981105>

* Douglas, A. M., Mak, D. B., Bulsara, C., Macey, D. J., & Samarawickrema, I. V. (2018). The teaching and learning of health advocacy in an Australian medical school. International Journal of Medical Education, 9, 26-34.

<https://dx.doi.org/10.5116/ijme.5a4b.6a15>

Presentation skills

* TED Talks about "How to make a great presentation" (I believe TED talks can teach us a lot about presentation skills in general)

<https://www.ted.com/playlists/574/how_to_make_a_great_presentation>

* Teacher: Cole Nussbaumer – “Using data to tell stories”

<http://www.storytellingwithdata.com/>

<https://www.youtube.com/watch?v=X79o46W5plI>

* Teacher: Murray Nossel and Paul Browde and their work on narrative and storytelling

<https://narativ.com/>

<https://narativ.com/webinars/creating-change-best-practices-in-storytelling-for-advocacy/>

* Teacher: Piero Vitelli

<https://www.youtube.com/watch?v=lNIT41L5BI0&t=73s>

* Role model: Hans Rosling

<https://www.ted.com/talks/hans_rosling_on_global_population_growth?referrer=playlist-the_best_hans_rosling_talks_yo#t-21680>

* Role model: Esther, +1 for the Rosling family. Ola did a great job, *replacing* Hans, during the Stockholm EPH conference opening plenary last year

<https://www.pscp.tv/EPHconference/1vAxRMjMOXgJl>

* Role model: David McCandless on Data Visualization

<https://www.ted.com/talks/david_mccandless_the_beauty_of_data_visualization?language=pt>

* Book: "Presentation Zen" by Garr Reynolds (there are also shorter videos and a book on Amazon)

<https://www.youtube.com/watch?v=DZ2vtQCESpk>

* Book: Talk like TED: The 9 Public-Speaking Secrets of the World's Top Minds

[https://www.amazon.com/Talk-Like-TED-Public-Speaking-Secrets/dp/1250061539/ref=sr\_1\_3?ie=UTF8&qid=1545043989&sr=8-3&keywords=presentation+skills](https://www.amazon.com/Talk-Like-TED-Public-Speaking-Secrets/dp/1250061539/ref%3Dsr_1_3?ie=UTF8&qid=1545043989&sr=8-3&keywords=presentation+skills)

* Book: How to Win the World Championship of Public Speaking

[https://www.amazon.com/World-Championship-Public-Speaking-International/dp/1491022302/ref=tmm\_pap\_swatch\_0?\_encoding=UTF8&qid=1545044128&sr=8-5](https://www.amazon.com/World-Championship-Public-Speaking-International/dp/1491022302/ref%3Dtmm_pap_swatch_0?_encoding=UTF8&qid=1545044128&sr=8-5)

* Blog: The Functional Art

<http://www.thefunctionalart.com/p/about-book.html>

* Website: The visual communication guy

<https://thevisualcommunicationguy.com/>

* Toastmasters International

<https://www.toastmasters.org/>

Attached:

* Michael Moore: 10 Steps for Advocacy

**Why is public health advocacy neglected?**

* Simon Chapman wrote (<https://academic.oup.com/ije/article/30/6/1226/651750>): "[...] few postgraduate courses in public health place anything but passing attention on how to advance or advocate the policy implications of research. Public health advocacy remains barely a sub-discipline within our field. Unlike medical psychology, education, sociology, anthropology, economics, biostatistics or epidemiology, advocacy has no journals dedicated to critical analysis of its methods, wins and losses. It has few textbooks and even fewer recognized training programmes, although in recent years an impressive body of scholarship has been published. Against the time and attention devoted to planning, implementing, and writing up research, the relative neglect of both the skills and analysis of advocacy is remarkable given its achievements."
* Why is PHA neglected? It seems quite strange. In Public Health, we really work hard to identify problems, to find solutions and we are often frustrated, that things are not changing the way we expect them to change, that politicians (and voters) don't behave the way we want them to. Why don't we study more about "how" and "why" change happens? About "why" and "how" advocacy campaigns are won or lost? Why isn't advocacy a major subject within MPH courses, why isn't it a large part of Conferences, why aren't there advocacy summer schools in each of our countries?
* As I mentioned previously I am a public health person working for NGO, thus from my experience so far mainly NGOs are conducting advocacy based on public health work. On other hand people working in the area of public health from academia or from public institutions are not sufficiently involved in the advocacy. Although they possess evidence and knowledge on how to improve the Governmental health policies. Moreover we are working also on the field of involving citizens, communities, end beneficiaries of the health policies and programs in the process of holding Government accountable for delivery of health policies and services. But also on involvement of citizens, NGOs and all relevant institutions in the processes of policy making, budget allocation and monitoring and evaluation of the policies. The evidence (but also our experience) are showing that accountability and advocacy work is much more stronger if conducted by Alliances involving citizens, grassroots NGOs, national level NGOs, media, relevant institutions etc. Thus my opinion is that public health persons from different institutions should be more involved in the accountability and advocacy work for improvement of the health and access to health services for the people.
* Advocacy is hardly neglected – advocacy is very much part of our remit as public health docs here in Canada. We would not have made the gains we have had on tobacco, chronic disease, in our recent cannabis legalisation etc. without the tireless advocating for evidence-based positions on our part. There is certainly, as I have explained previously, a difference between the advocacy those of us in civil service do (which works to advance positions that are supported by evidence, data, and a good understanding of all the communities’ stakeholders) versus that which is done by those in NGOs, which can sometimes be perceived as partisan in trying to coax those of us in the civil service one direction or another.
* While I agree that advocacy isn’t given the importance it deserves, I wouldn’t say it is neglected rather overlooked at times. I completed the Master of Public Health from Western University in Canada. While they did not have a subject for advocacy, they did teach us the importance of a “policy window”, “preparing briefing notes for advocating a program”, “behavior change theories” and also “analyzing stakeholders for change” - all this does feed into various advocacy initiatives. However, I do agree that more work needs to be done in including advocacy and the various success stories and lessons in public health curriculums. In addition, I agree with Borjan that NGO’s are spearheading advocacy initiatives compared to other organizations. I think this is because NGO’s are formed to bring about change in a particular area and act as advisory bodies while organizations such as public health units execute an array of programs and hence do not spend a lot of resources in advocacy initiatives. Furthermore, certain organizations that fall within the government are not allowed to carry out advocacy initiatives. At the end of the day, perhaps public health schools can have speakers from NGO’s impart their knowledge on advocacy.
* Like for all of the health professions, the home of public health training is in universities; the emphasis on science and evidence means that the currency of professional activity is data and the defining skill is research.  But the capacities and personality types that are needed to be a great researcher (even in "softer" social sciences) are quite different from those needed to be even a good teacher, clinician or health policymaker....much less a good advocate.  Educators will teach what they know and are good at and will define training programs and processes to perpetuate its centrality to professional training; if they are hired and fired and promoted on the basis of research publications in journals that only publish a certain kind of research, then what they put in curricula and teach will reflect that. There has also been the idea that health, as a subject, should be neutral and apolitical (remember the Geneva Conventions and the obligation to treat your enemy?).  That is a vestige of times when the focus of health care was conditions that were caused by something other than human behavior.  The relative importance of the politics/science ratios in interventions to improve health is highlighted in an old quotation from tobacco control: "The difference between malaria control and tobacco control is that mosquitos don't hire PR companies."  (Don't know where it comes from, but sounds like something Simon Chapman would have come up with). Francis Thompson (now FCA director) once summed up this difference of approach when I interviewed him about what the cardiology community had to offer to tobacco control (this was years ago so excuse me, Francis, if my memory fails and you are on this list and catch me for it )
* "Cardiologists think it is all about the data:  that if policymakers know the facts, they will do the right thing.  But it's not true, so advocacy is really about other things: timing, spin, political processes, personalities....people whose training is based on science often aren't interested in that stuff, or trained to do it." Some places to change professional norms and skills about advocacy and its value/relevance within the profession would be the publication criteria of professional journals and the activities and speaker criteria for professional conferences, but they will not change anything until there is a change in funding criteria for professional activities and research.  It's not so much about training researchers to also be advocates (good luck! that is about as useful as letting the advocates do the research: there are a few brilliant and well-rounded people good at both, but most of us are lucky if we are good at just one of the two), but about considering advocates to be part of the professional community, and advocacy to be integrated into research efforts (and budgets and planning) from the beginning.  Nowadays some research funders try to tune into that idea by asking researchers to describe in funding applications how they will use their results, and asking them to identify the organizations that will use them for advocacy. That's a good start, but those same researchers only occasionally think of allocating much of the research funding to the advocacy efforts that would bring their scientific results to impact, so the collaboration ends with the submission of the research proposal.  Cancer Research UK does this some with research on tobacco taxes, and with implementation science being on the rise, there are probably other examples as well: anyone out there know them? In my experience, even implementation science doesn't much delve into what has worked for advocacy to either change policies or to get them funded/ implemented.

**Presentation skills**

* Best personal advice:  generic speaking skills are great, and particularly useful for speaking to the general public and media. These are very important audiences in advocacy, but they are not the only audiences that count and each one has has its own "speak" (even the public can and should be divided into many different segments and addressed in a segmented way through different media and angles).  A single advocate cannot develop all of those speaks and sustain credibility.  So even more important than speaking well directly is to develop a network that permits you to speak indirectly, getting the engagement and trust of people who not only speak the speak of their particular group, but also have credibility in the group with the knowledge and connections needed to navigate to get the right message to the right person at the right time. Once you have found the right messenger, then your ability to refine messages that they can pick up and deliver matters (which is what all of that presentation skills stuff is about); but even then, the bigger half of what matters is not your own skills, but your sensitivity to the messengers knowledge about how to spin it. I guess what I am saying is that too many people still see communication as talking rather than listening,   shooting messages one way to hit and lodge in "target" audiences rather than engaging audiences in an exchange. New media is changing that. In fact, the listening and figuring them out is the bigger half of the effectiveness of the exchange.
* I just delivered a presentation on my MPH dissertation, and for the past 24 hours, I kept going back to what I should have said or said better. I often feel that I can deliver better without the powerpoint, (I have never tried it). I find myself always looking at the projected screen instead of the audience. So thank you for bringing this topic to light.  Looking forward to read more tips from all the seasoned professionals.
* I'm a former high school teacher who worked a great deal on presentation skills. I love this conversation. I've seen some people at health conferences (World Health Summit, International Conference on Family Planning, among others) who were very good, and others who were awful. It makes a huge difference when someone can present well. It is an important skill, but not enough training goes into it. We think people will just sort of pick it up, but it is hard. This conversation is great in addressing this.
* Few advises from my experience, especially regarding speaking to media:
	+ 1. Prepare several short statements (their number depends on the time you have alloted for answers) in advance in order by priority (most important on the top).
	+ 2. Practice them in advance (e.g. at home, in the office, in a car...)
	+ 3. If journalist (especially if live) asks you questions which you think are not really relevant or you don't have appropriate answers on them, you can always skip them in a nice way with saying: "I would say that this issue is not very relevant or important at the moment, so I would like to emphasize ...". And then you go on with your own priority statements. Journalist will (most likely) not stop you or ask you the previous question again, especially if you provide a good and very interesting information (you are the expert, not them!).
* I’d agree that researching skills and presentation skills don’t always go together. Which is a shame, because how you present your topic will have a massive impact on how it is received. I do have to say that in medical training (both the basis and specialisation) a lot of presenting is required, but I feel there is a fairly low limit to what is expected (not too much text on ppt, a few pictures, looking at the crowd now and again, not talking too fast or too slow). For years I’ve mostly received positive feedback and haven’t had anything more to aspire too. I got complacent. Now that I’ve seen Hans, I realise there is so much more to learn and I love it!
* As some of you already mentioned, first and foremost we should target our audience, since strategies to transmit a message will vary according to that - talking to a group of parents is not the same as talking with policymakers. And while targeting our audience we should look what kind of information will they value. That's a major issue, since many times we tend to produce presentations for ourselves, without thinking what others really want to hear (scientific presentations are one good example of it!). Almost everyone has been highlighting oral presentations and communication training, which is can be achieved through coaching, preparation and training, training, training. There are many techniques and programmes available out there, as you mentioned, even in your own country is just a matter of looking for it and apply without thinking too much about it. I would also suggest one document from WHO related with health risk communication and a presentation highlighting the difference between health communication, advocacy and social marketing - three key concepts that we should master in the process. By the way, [World Social Marketing conference](https://wsmconference.com/edinburgh-2019) in Edinburgh next year can be an interesting place to learn a lot about it and put some techniques into practice! Other relevant issue is synthesis capacity and selection of relevant information - when possible, always practice your presentations, but be always aware of how much available time you have and consider adapting your content to it, not the opposite. Some nice tips for next presentations would be:
	+ Don't pack your slides with too much text, try to find "killer facts" that keep people interested;
	+ Try to play with emotions (humor, compassion, etc) and find a story that engages the audience;
	+ Involve the audience in the presentation - interactive tools like mentimeter keep people awake, interested and motivated;
	+ Take care of your data - upgrade your charts' development skills in Excel or other software.