REPORT OF A HIGH-LEVEL FORUM ON PUBLIC HEALTH ADVOCACY

Held at the

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

October 9, 2014

*To watch a four minute clip of Dean Michael Klag giving remarks at the event please visit the Gates Institute's You Tube Channel.

Contents

Introduction

On October 9, 2014, colleagues from the Johns Hopkins Bloomberg School of Public Health (JHSPH) convened a one-day event entitled "Science into Action: A High-Level Forum on Public Health Advocacy." National leaders in public health policymaking, research, advocacy and philanthropy gathered to explore the role of advocacy in public health in plenary presentations, brief panels and guided small group discussions. A team of rapporteurs worked throughout the day to capture the essence of the presentations and discussions. This report summarizes those findings. The agenda and a complete list of speakers and participants are included as appendices.

A High-Level Forum on Public Health Advocacy—Need and Purpose

Public health advocacy is a crucial element of public health practice. To translate research and findings into policy and programs, accurate interpretation and use of evidence are essential to political leaders, service providers, potential clients and the public at large. From tobacco control and injury prevention to reproductive health and access to care, advocacy has brought about significant changes in public health. Yet, advocacy is not a well studied field, and it is often absent from public health training.

Schools of public health, both as generators of new scientific knowledge and as the training ground for the public health workforce, have an essential role to play in public health advocacy. Yet, there is no focal point in academic public health for the study, training and refinement of public health advocacy. The creation of an advocacy institute at a leading school of public health could begin to address this need, and JHSPH is uniquely poised to host such an initiative.

In his open letter to the JHSPH in the fall of 2011, Dean Michael J. Klag wrote:

> Advocacy must rest on a solid scientific foundation. At the School, we gather data according to rigorous standards and then analyze them to allow unbiased inferences. When the evidence is clear, we advocate for change that preserves health and prevents illness and injury. Generating new knowledge is the lever by which we move mountains.

In the interest of being better able to move those mountains and to inform the shape of an advocacy institute, the JHSPH hosted the High-Level Forum. Its primary purpose was to engage a wide-ranging group of public health researchers, advocates, practitioners and students in a dialogue about the best ways to study, teach and improve the practice of advocacy to promote the goals of public health. The event did not focus on one single issue; rather, it explored advocacy efforts in the United States, in other countries, and globally.

Prior to the High-Level Forum, the organizing team reviewed a multitude of definitions of advocacy from other organizations in the field of public health. It developed the following working definition to inform the forum discussions:

*To watch a four minute clip of Dean Michael Klag giving remarks at the event please visit the Gates Institute's You Tube Channel.

Advocacy aims to influence policy and practices in ways that benefit people's health and well-being and the societies in which they live. Advocates within government, civil society and academia use evidence and other rationales to improve the social good by:

- Improving policies and laws, as well as their development, adoption and implementation.
- Increasing, and influencing better use of, resources for interventions and scientific inquiry.
- Making scientific and research data easily accessible to policymakers and the public.
- Setting agendas in policy circles and the media environment by giving issues higher visibility.
- Shifting public attitudes, behaviors and social norms.

Overview of the Day

The High-Level Forum gathered experts from many disciplines and affiliations, from community-based organizations, statewide coalitions and national and non-governmental organizations, to researchers, students, and government and elected officials. Maryland Senator Ben Cardin, in his opening plenary session speech, noted that the forum is "devoted to the most critical need we have in advancing public health in America, and that is advocacy, to take the best scientific information and make sure it is applied to the right policies in our country." Mark Suzman, the Bill & Melinda Gates Foundation's president for Global Policy, Advocacy and Country Programs, remarked in his opening speech, "Advocacy is essentially about leverage. It is about trying to get other partners from whatever sector aligned around a common set of agendas which we think and we believe, because we are very much at the Gates Foundation in need of evidence based advocacy." Knowledge about and skills in advocacy reside in many quarters, and forum participants included many faculty, staff and students from Johns Hopkins University as well as a diverse array of current and potential partners.

JHSPH is committed to three pillars of excellence: research, teaching and practice. In keeping with that commitment, the specific objectives of the High-Level Forum were as follows:

- To identify what we know regarding advocacy in public health and how we know it (i.e., the state of advocacy theory and science) and the key gaps that an advocacy institute could begin to fill.
- To provoke thinking around the role of and challenges in advocacy in academic public health training, including how we think and teach about the relationship between advocacy and science, and the role and responsibilities of academic institutions in researching and disseminating effective advocacy methods.

- To identify current best practices in advocacy, including how to define, capture and systematize best practices to assist in the translation of public health research into meaningful action.

The High-Level Forum examined each of these in turn. It also explored how to strengthen the role of evidence-based advocacy in connecting research to policy and practice and thus increase our collective impact on the health of the public in the twenty-first century.

The next three sections of this report are organized around JHSPH's three pillars of excellence. They reflect the primary themes that emerged during the High-Level Forum, based on the speeches, moderated panel discussions and breakout session discussions.

Research

Three key issues related to advocacy and research were presented, discussed and debated at the High-Level Forum. The first concerned the science of advocacy itself, which explores the following questions: What do we know? Are there core theories or theoretical concepts that can guide hypotheses and testing of different forms of advocacy? How do we measure and evaluate advocacy? To the degree that advocacy occurs collaboratively or behind the scenes, how do we accurately evaluate its impact, understand where it came from and provide attribution?

Second, how and when does advocacy partner with science? In many cases, evidence to inform advocacy on a specific issue may be incomplete, yet we begin advocacy efforts. At what point is there enough evidence to make policy recommendations or seek budget increases?

Third, what is advocacy's role in shaping science? Advocacy can do more than simply act as a vehicle for the translation of science into action. What role should advocacy play in setting public health research priorities?

Panel moderator Professor Joanna Cohen began by pointing out that there are areas of public health where evidence leads policy, and there are other areas where substantial evidence exists but is ignored in policymaking. Professor Cohen asked panelists David Devlin-Foltz and Larry Wallack the following questions: Why does the relationship between science and policy differ in these areas, and how could advocacy research, informed by political science and other theories, help to answer this? The panelists, as well as participants during the breakout discussion session that followed, emphasized the following key points in their responses:

- **Science is necessary but insufficient to accomplish public health advocacy goals.** Science can be a valuable bridge from the status quo to changes that save lives and improve health. It builds trust and gives legitimacy. But as Robert Garcia of

The City Project, the day's closing speaker, pointed out, "Research without advocacy is the sound of one hand clapping."

- **Advocacy is often unpredictable and requires improvisation.** Moving from science to advocacy sometimes requires the scientist to leave the comfort zone of academia and engage in the unpredictable world of policy change. Furthermore, while there are theories and models of advocacy, in practice, advocacy is as much an art as a science. Advocates begin with proven approaches but then must improvise. It is an art to know, for example, when there is ample political opportunity to move an issue forward or how to mobilize resources.
- **The level of evidence needed to begin advocacy efforts varies.** Sometimes a small amount of evidence can go a long way; other times a lot of evidence goes nowhere. Knowing how much evidence is needed for movement is a critical strategic question, but practitioners view this as more art than science.
- **Effective advocacy combines science, evidence and the ability to adapt and reframe.** There is a place for science and evidence in advocacy; however, the adaptability, flexibility and artistry to go beyond facts, and the associated chaos, are also elements in effective advocacy. Public health research can provide direction but framing is essential. As one of the panelists pointed out, "Frames trump facts." The ability to shape the conversation and to infuse it with values, personal stories and storytelling constitute a valuable skill set for engaging in political discourse. Research on what makes advocacy effective can improve how evidence is used as well as how to craft a message, when to use stories, which policymakers to target and when and so on. Personal attributes like passion and patience are essential to effective advocacy yet are unlikely to be learned through science or teaching.

The discussion participants identified the following key areas for advocacy research:

- **Testing of advocacy models and frameworks**. Models and frameworks for how to do public health advocacy exist—such as Vincent DeMarco's six-step process, the Spitfire Strategies approach, the Industrial Areas Foundation model of organizing—and the key parts or tools of advocacy efforts are known. However, there is a need to further refine and test them. It also is unlikely that any one framework will fit every situation. While there is a body of knowledge to build on, there is no comparative research on which models or tools will work in which situations and what circumstances are required for them to succeed.
- **Better documentation of public health advocacy successes and failures.** This is a way to learn how advocacy has been undertaken, what the results have been and why certain approaches have worked better than others. This information will be needed as we think about how to conduct and measure future advocacy efforts.
- **Developmental conceptualization and testing of advocacy.** For research purposes, advocacy can be viewed developmentally—that is, at different stages in the evolution of an issue, different strategies, evidence and tactics are needed. The

various inputs at different stages can be analyzed to create a foundation for further study and model development.

- **Articulation and development of theories of change.** Public health professionals who advocate use models but often do not unpack the assumptions behind the actions they take. We need to examine past and current advocacy efforts to better understand our theories of change.
- **Identification of key elements of advocacy through research.** Forum participants argued that four elements are integral to a successful advocacy model, as follows:
  - Having a clear policy or programmatic agenda.
  - Knowing how to talk about it.
  - Having a political opportunity—or being able to create one.
  - Being able to mobilize resources for action.
- **Cognitive research on messaging and audiences.** Cognitive research has shown us that people integrate facts into mental models for understanding the world. Framing, therefore, is as important as facts. You do not need to say the same thing to everyone, but what you say needs to mean the same thing to everyone. Analyzing the target audiences of advocacy messages is critical to tailoring messages, recommendations and requests for action, as well as other areas of advocacy. Developing new narratives and sharing it persuasively and with authority are ongoing challenges. Critical questions to address in this area of research include: How do stories help key audiences to connect with public health research findings and make issues and solutions memorable? Which messages resonate and why?
- **Evaluation research.** There is a need to develop methods and standards for evaluating advocacy in order to demonstrate that advocacy is worthwhile and accomplishes its aims. Evaluation in the form of case studies can also convey ingredients of success and failure.
- **A database compiling research from diverse disciplines would help to inform advocacy efforts.** Baseline research and evidence could help to crystalize and frame advocacy priorities. There is much that could be learned from other fields and from compiling a database of research from diverse disciplines that could inform advocacy efforts.

The methods required to explore these research areas will be varied. Quantitative measures are needed to assess outcomes. Qualitative research can help with leveraging resources, which Mark Suzman in his opening remark noted is the essence of advocacy. Qualitative research can explore questions such as: Who are the people who have power to make changes? How do we connect with them and know who they are? How do we best map the relationships that are key to gaining support? Are there cultural differences that act as barriers to full engagement of community leaders and members in advocacy efforts?

Finally, while science can drive and inform advocacy, advocacy can also drive the science. A robust dialogue between those who focus on science and those who specialize in advocacy can help to shape and inform research agendas to improve population health.

Teaching and Training

Panelists, moderators and participants discussed a number of issues related to the teaching and training of advocacy, including: If public health academic institutions are to build the next generation of evidence-based advocates, what is the best way to do this? What knowledge, training and skills do advocates need to be successful? It was also noted that there is little standardization in the teaching of advocacy-related skills to public health students. Teaching approaches and skills are disparate and under-recognized in terms of academic and career advancement.

The role of advocacy in evidence-based policy and program development is not well understood. An institute could harmonize various approaches to this process and thus help to standardize the process, while still allowing for flexibility and creativity. Service learning opportunities could be better adapted to the teaching of advocacy; they provide students with hands-on experience and the ability to reflect and learn by doing. Research findings could be better applied to answering policy questions and driving programmatic progress.

Sen. Ben Cardin began the day with a sense of urgency, stating that "we need you [public health advocates] in our political system as advocates, for science being applied to the best policy that we possibly can." However, he also argued that, "to be an effective advocate, you have got to do more than just say 'I have the answer to a problem now you should make that a reality…You also have to understand the political realities in which we are living in." With that in mind, panel moderator Shelley Hearne began the session's discussions about training by asking panelists Ben Lozare and Kali Lindsey, and the participants in the breakout discussion session, to think about what knowledge, skills and training they thought were most critical for the next generation of public health advocates.

Ben Lozare offered a striking analogy for the diverse skill sets required for effective advocacy. Showing a slide of a Boeing 747, he pointed out that no single person understands how a plane works; each subsystem has experts that understand that system. Advocacy works in a similar fashion—it is a team effort, with the advocate can pilot. In that context, participants discussed the wide range of skills needed to make all elements of advocacy work.

The first key point that emerged was that we lack people trained in public health who are also trained in advocacy. To be effective, training in public health advocacy needs to immerse public health professionals in the realities that advocates face. Thus, it cannot be limited to the classroom—practical, experiential learning should complement more formal training to develop the kind of craftsmanship that effective advocacy entails.

Participants identified a range of *key skills that should be learned and taught*, as follows:

- **Succinct translation of research findings into clear language**—to tell a story that the public or a policymaker can understand.
- **Resource mobilization**—fundraising, community mobilization and traditional and social media advocacy.
- **Persuasive communication**—how best to get your message out and control the spin, how to understand and integrate different points of view and how to develop a compelling request for action.
- **Contextual knowledge**—how to understand the components of innovative change in a particular country or context and then put together a good multidisciplinary team with the skill sets needed (e.g., someone who understands coalition building, people with legal and media skills, and so on).
- **Better understanding of the political system**—the ability to recognize opportunities for advocacy, building public support for an issue, and draft concrete legislation or policy/program recommendations.

Participants also highlighted the following *leadership skills and qualities* that are essential to the training of public health advocates:

- The ability to effectively organize: One participant pointed out that "public health misses the chance to train community organizers."
- The willingness and ability to take smart risks, listen actively and lead from behind.
- Passion and compassion about the issues advocated.
- The capacity for reflection: For example, advocates could keep journals to figure out how to give voice to their personal connection to their work. Thus, they can be protagonists in public health advocacy without relying on others to translate or advocate on their behalf.
- The ability to understand and learn to appreciate small victories and share credit.
- The ability to proactively engage local informants to help define political and cultural realities.
- The capacity to learn from negative experiences as well as positive ones, and to be prepared to deal with unintended negative consequences.

Participants voiced a strong consensus that *experiential learning is critical*, in particular:

- Advocacy is best learned by doing: Opportunities to hone advocacy skills and test models can be maximized through practical experiences in government at federal, state and local levels; at foundations; with the news media, for instance, turning research briefs into op-eds; and so on.

- Public health schools need to incorporate practical teaching moments that can be used in the real world (e.g., a class doing a mock testimony before Congress).
- Case studies can inspire and motivate people.
- New advocates cannot just be taught new skills and sent into the field. Mentors are needed to guide them along in the process of putting these skills into practice.
- We should appoint and make use of practitioner-professors (i.e., practitioners such as pollsters) who are experts at what *they* do, rather than only use those whose primary training is in academic science to teach the practice of advocacy.

Practice

The last part of the High-Level Forum focused on the practice of public health advocacy. Advocacy has numerous manifestations and approaches, from grassroots organizing to lobbying. Some thought leaders have provided guidelines on which approach works best in which circumstance, but this has not been universally applied in the field. How do we capture and catalog various advocacy approaches and begin to develop taxonomies of best practices for different situations? To help guide this discussion, panel moderator Professor Stephen Teret began by asking where participants saw best practices in advocacy generally (not just in a particular topic area) and how real world experience can inform public health advocacy research, teaching and practice.

In response, the panelists Bishop Douglas Miles and Matt Myers, along with the participants, emphasized first the critical role that advocacy plays — that significant change rarely occurs without pressure. Public health advocates need to understand this. At the same time, as Bishop Miles pointed out, they need to follow the iron rule of organizing: Never do for others that which they can do for themselves. In this light, best practice in advocacy is advocating *with* others and not *for* others. This relational nature of advocacy requires that advocates be aware of and interested in other people's stories. As participants pointed out in the first session of the day, advocates should be willing to learn to tell personal stories, which can help build public support for the solutions that advocates are seeking to advance.

In practice, significant change—in policies, in the environments in which people make their decisions about health behaviors, and in those behaviors themselves—rarely occurs without pressure. Advocacy campaigns bring together four elements: science, communications, advocacy and coalition building. Best practices in advocacy entail building relationships, connecting with people on an emotional as well as rational and evidence-based levels and, often, stepping out of our comfort zone.

Participants offered the following insights on the practice of advocacy:

- **There is often a difference between spokespeople and leaders.** The people that others will actually follow are often different from those who take the role of spokesperson. Advocates need to know this and be able to tell the difference.
- **Plan and stay focused.** Advocacy techniques should be applied in the context of a long-term strategy that includes implementation of the change. It is critical to ensure that goals and objectives are well defined from the beginning and are not too broad. The goals and objectives of an advocacy campaign or effort are always going to be different, and what defines success will vary. Failure can result from not strategically thinking about realistic goals and objectives (on multiple levels) from the beginning.
- **Good advocacy builds community capacity.** The long-term strategies needed for change requires short-term objectives. Initial activities often need to focus on issues that bring the community together or are of greater importance to that community. Subsequent work should focus on building capacity for advocacy, to address issues and achieve overall goals. Success in advocacy is not only achieving change in policy or the environment in which the change occurs, but also achieving improvements in the processes by which people advocate and their skills in advocacy.
- **Evaluate success *and* failure.** It is important to look at intermediate benchmarks and to celebrate successes along the way to help keep advocates engaged. Even in failure there are lessons learned. Success can be effectively highlighted through identifying, supporting and amplifying accomplishments through the personal voices and stories of individuals who have experienced first-hand the negative or positive impacts of a proposed policy.
- **Every situation is different**. What may work for one issue or at one political moment may not work for another. Key variables include with whom advocates are working, and whom they are trying to mobilize. General principles may hold for multiple situations, but application of those principles may differ. Navigating these issues can be learned through experience. This brought the discussion back to the efforts participants made in the first session of the day to articulate both the science and the art of advocacy.

Participants concluded the discussion by underscoring that an advocacy institute housed in an academic public health institution would need to identify and appoint experienced practitioner-professors. These practitioner-professors should have experience and skills in organizing, training, and advocacy, leveraging their knowledge of best practices that comes uniquely from a lifetime of advocacy experience.

Conclusion

Public health is at a critical crossroads. We have increasingly relied on advocacy to move from research to practice, to build resources for evidence-based intervention and to shift

public attitudes and opinion. But in contrast to other areas of public health, there has been relatively little effort to bring science to advocacy, and there are questions and tensions in the relationship between them. There is both a need and an opportunity for more systematic thought, research and action around the role of advocacy in public health. There also is a need for a focal point or institute that is devoted to building and systematizing knowledge about, principles of and skills in using advocacy to advance and promote public health and well-being. The High-Level Forum on Public Health Advocacy was a first step in addressing these gaps.

In the closing session, Robert Garcia of The City Project in Los Angeles emphasized that advocacy can be taught. He said that he identified himself primarily as a civil rights activist and defined public health as a civil rights issue. Professor Robert Blum closed the day by reflecting on the importance of values, both in public health and in advocacy. The civil rights movement in the United States built powerfully on a bedrock of values about how the United States wanted itself to be. Dr. Blum emphasized that advocacy is about not backing away from our values; at the same time, he said that we must be willing to engage with and listen to those with whom we may disagree the most, to identify and move to a common ground while remaining true to an overall vision.

This important high-level consultation should have a significant impact in the way that schools of public health prepare and engage the next generation of leaders in health. Next year, JHSPH will celebrate its 100th anniversary. As part of that celebration, JHSPH will not only look back at the evolution and the historical high points of what made the School what it is today but also look to the future—public health in the twenty-first century. JHSPH could not look to this future without recognizing that the challenge of promoting public health is also the challenge of driving social change. Addressing issues that drive social change requires new skills sets and new understanding of the dimensions of leadership that actually bring about change in policies, programs and practices.

This is the right time for JHSPH to seriously consider setting up an advocacy institute at the University. The University has seen a shift in the value placed on advocacy in the public health academic profession. In the past, some may have perceived advocacy as antiscience. But this view has evolved, especially in the past two decades. JHSPH can capitalize on this new reality and the greater appreciation for the role of advocacy in public health.

JHSPH already has a number of individuals, organizations, centers and institutes that are active in advocacy work across the span of public health issues. Tapping into the knowledge base and the experience of these experts and centers will only enhance the process of developing an institute.

The overall vision of public health practitioners includes advocating for the basic human right to health and health care and effectively marshaling our societies' resources on behalf of all, including those whose voices are seldom heard. Realizing this vision requires advocacy. Effective public health advocacy requires a focal point where researchers and advocates in public health can come together and learn from each other; build the science

of advocacy and the advocacy of science; and identify, receive training in and apply more effectively the skills and best practices of advocacy.

There are a number of immediate steps that are necessary to advance the science of advocacy and the advocacy of science at JHSPH. These include the following:

1. Establishing an advocacy institute and identifying a visionary funder or group of funders that are willing to provide seed investment in the University's core pillars of excellence, which are presented below along with the questions that need to be addressed in each area:
    - **Research**: How to set up a program that will lead in pushing for and recognizing advances in advocacy evaluation, sharing them with the advocacy community and incorporating them in the teaching and training of a new generation of leaders in public health advocacy.
    - **Teaching**: How to set up a hub for gathering best practices in teaching and training in advocacy across many different issues, including the lessons that can be learned internationally and domestically and that can be shared with champions of public health around the world.
    - **Practice**: How programs can be positioned to respond better to the real demands and needs in the field by a multitude of stakeholders in public health advocacy; and how best practices from the field can inform design, strategy development, implementation and evaluation of advocacy programs.
2. Developing business case studies of effective and failed advocacy programs (e.g., in HIV prevention, tobacco control, family planning, vaccines, polio eradication, sanitation, nutrition, maternal and neonatal health and pneumonia prevention) and using those case studies to teach advocacy in academic settings as well as in short-term training programs for public health professionals.
3. Conducting leadership and advocacy training programs for grantees of foundations, as well as other donors, to build on advocacy investments.
4. Convening advocacy best practices mini-universities to foster cross learning across different issues and topics.
5. Developing a certificate course in public health advocacy.

To watch video clips from the Advocacy Forum, including interviews with panelists, please visit the Gates Institute's You Tube Channel.

Acknowledgments

We would like to thank all of the speakers, panelists and moderators at the High-Level Forum who generously gave their time to speak passionately about their experience in public health advocacy. Their experience in this field is inspiring; without them, we would have no leaders to guide us. We would also like to thank all of the participants. Our discussions were lively, informative and rich, in large part due to their enthusiasm and experience. We thank our table captains, who graciously agreed to facilitate each breakout session discussion, and our rapporteurs, whose nimble fingers typed furiously to capture the essence of our discussions. We also thank all the other volunteers who helped with registration and event logistics.

We are grateful to the New Venture Fund for their generous funding, which allowed this event to take place.

Sincerely,
Oying Rimon
Beth Fredrick
David Jernigan
Robert Blum
Duff Gillespie
Peter Van Dyck
Laura Hinson
Juliana Zuccaro

Appendix A: Detailed Agenda of the High-Level Forum

Opening and Keynote Speakers (9:30 a.m. to 11:15 a.m.)

- Jose "Oying" Rimon II, Director and Senior Scientist, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health
- Michael J. Klag, Dean, Johns Hopkins Bloomberg School of Public Health
- Ben Cardin, U.S. Senator from Maryland, Democratic party
- Mark Suzman, President, Global Policy, Advocacy and Country Programs, Bill & Melinda Gates Foundation
- Beth Fredrick, Executive Director, Advance Family Planning Initiative, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health

Session One: The Science of Advocacy: What Do We Know and What Do We Need to Know? (11:15 a.m. to 12:45 p.m.)

Moderator

- Joanna Cohen, Director, Institute for Global Tobacco Control, Johns Hopkins Bloomberg School of Public Health

Panelists

- David Devlin-Foltz, Director, Planning and Evaluation Program, Aspen Institute
- Larry Wallack, Professor, Public Health and former Dean, College of Urban and Public Affairs, Portland State University

Moderator questions

1. What, from your perspective, is the state of the science of advocacy as we are defining it here (see white paper)?
2. How do we build on what is known from research and experience, and what are the critical areas for investigation?

Discussion questions for facilitators at the small tables

1. Can you name your top-priority question for research on advocacy as a general activity in public health and why you think it will be influential? (Go around the table and have each person share one question.)
2. Are your advocacy efforts guided by a model, a theory, or a framework? Do we need to pay more attention to the science that supports successful advocacy?

3. Moving beyond any single issue that you may care about, what do you most need to know about public health advocacy that better science or research could provide?

Session Two: What Knowledge and Skills Are Needed for Effective Advocacy? (1:30 p.m. to 2:45 p.m.)

Moderator

- Shelley Hearne, Director, Big Cities Health Coalition, National Association of County and City Health Officials

Panelists

- Ben Lozare, Director, Training and Capacity Strengthening, Johns Hopkins Center for Communication Programs
- Kali Lindsey, Deputy Director, amfAR, The Foundation for AIDS Research

Moderator question

1. If you were training the next cadre of advocates, what knowledge, skills and training do you think are most critical for them to have?

Discussion questions for facilitators at the small tables

1. What in your experience have been the best formats for training advocates and why? (If further probes are needed for this: How do we best do advocacy training, for example, case method, service learning/internships, communications training, intensive boot camp etc.)
2. What are the essential pieces of knowledge, skills and training that the next cadre of public health advocates should have?
3. As an advocate, what skills do you wish you had now or wish you had had when you started out?

Session Three: What Are Best Practices for Increasing Our Engagement and Impact? (3:15 p.m. to 4:30 p.m.)

Moderator

- Stephen Teret, Professor and Director, Center for Law and the Public's Health, Johns Hopkins Bloomberg School of Public Health

Panelists

- Matt Myers, President, Campaign for Tobacco-Free Kids
- Bishop Douglas Miles, Senior Leadership Team member, BUILD (Baltimoreans United in Leadership Development)

Moderator question

1. Where do you see best practice in advocacy generally (and not just in a particular topic area)? How can real-world experience inform public health advocacy research, teaching and practice?

Discussion questions for facilitators at the small tables

1. What have you learned from advocacy failures, and what is the best way to capture such lessons? (Further probes: Everyone wants to study and replicate successes, but can we learn just as much from failures? If so, how do we do this?)
2. What do we know about the best ways to convince and mobilize people in support of a cause?
3. What is your definition of "success" in advocacy? How would you identify a "best practice" if there is such a thing?

Summary of All Sessions and Closing Speakers (4:40 p.m. to 5:30 p.m.)

- David Jernigan, Associate Professor and Director, Center on Alcohol Marketing and Youth, Johns Hopkins Bloomberg School of Public Health
- Robert Garcia, Founding Director and Counsel, The City Project
- Robert Blum, Chair, Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health

Concluding Remarks and Next Steps

- Jose "Oying" Rimon II, Director and Senior Scientist, Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health

Appendix B: Participant List

Last name	First name	Title	Affiliation
Agre	Peter	Professor	JHU, Malaria Institute
Ajao	Taiwo		JHU, Nursing
Ajao	Bolanle		JHU
Ajayi	Tosin		JHMI
Amos	Kayana		
Arrington-Sanders	Renata		JHU
Assumpaco	Nicole		JHSPH
Bailey	Maryanne	Research Associate	JHU, Center for Injury Research & Policy
Beisser	Mark		Center for Communication Programs, JHU
Belohlav	Kate		Population Reference Bureau
Binakonsky	Jane		JHU
Bleich	Sara	Associate Professor	JHU, HPM
Blum	Bob	Professor/Chair	JHU, PFRH
Bodenheimer	Alison	Program Officer	JHU, AFP
Bonga Baye	Catherine	Student/FP advocate from Cameroon	JHU
Breads	Jennifer		JHU
Bruno	Richard	Medical Resident	JHMI, Preventive Medicine Fellow
Budhatoky	Pradeep		
Burns	Kevin	Medical Resident	
Cardin	Ben		Contact is Debbie Yamada 202-224-4524
Chan	Natalie	JHSPH	JHU
Church-Balin	Cathy		CCP
Ciloglu	Arzum	Team Leader	JHU, CCP
Cohen	Joanna	Associate Professor	JHU, Institute for Global Tobacco Control
Collins	Lillian		JHU, Advance Family Planning

Last name	First name	Title	Affiliation
Craven	Sarah	Chief, Washington Bureau	United Nations Population Fund
Cuellar	Michelle	PhD student in PFRH	JHU, PFRH
Cutino	Amy		JHU, Nursing
Darabi	Leila		Planned Parenthood Federation of America
Davies	Dana		JHU, Nursing
Decker	Michele		JHU, PFRH
Decker	Amanda		JHU, Department of Population, Family and Reproductive Health
DeMarco	Vinny	President	Health Care for All
Devlin-Foltz	David	Director, Planning and Evaluation Program	Aspen Institute
Dulaney	Caroline		Wellspring Advisors
Eck	Raimee		
Else	Josh	Associate Dean for External Affairs	JHU, External Affairs
Fadope	Cece		ICFJ
Forest	Pierre-Gerlier	Professor/Director	JHU, HPM/IHSP
Fredrick	Beth		JHU
Garcia	Robert	Founding Director	The City Project
Garretson	Bethany		
Gebrewold	Bineyam		JHSPH
Gillespie	Duff	Professor	JHU, PFRH
Greenwood-Basken	Maureen		Wellspring Advisors
Griesen	Cassandra	Staff	JHU, Center on Alcohol Marketing and Youth
Grossman	Elyse		
Gruber	Meaghan		
Guan	Xiaoyu		JHSPH
Gubin	Rehana		Jhpiego
Harding	Mariel	MPH student	JHU
Hauck	Ava		JHU, Nursing
Healy	Kelly	Advocacy and Communications Officer	JHU, International Vaccines Access Center

Last name	First name	Title	Affiliation
Hearne	Shelley	Director, Big Cities Health Coalition	National Association of County and City Health Officials
Heminthavong	Monnie	Training Coordinator	JHU, Gates Institute
Hettige	Harshi	Communications Specialist	JHU, Advance Family Planning
Hines	Ayelet	Principal	CHANGE University
Hinson	Laura		JHU
Holtgrave	David	Professor, Dept Chairman	JHU, Health, Behavior and Society
Hotak	Amanullah		
Isenberg	Sarina		JHSPH
Jenny	Helen		JHU, Nursing
Jernigan	David	Associate Professor	JHU, HBS
Johnson	Naomi	Financial Manager	JHU, Advance Family Planning
Juffer	Kris		Action Research & Associates, Inc.
Kalra	Naira		JHU
Kaminsky	Julia		JHU
Karklins	Sabrina	Research Program Manager	JHU, AFP
Khalil	Mohammad Tahir		
Kim	Taeyoun		JHU, Nursing
King	Kelly		JHU
Klag	Micheal	Dean	JHU
Krenn	Susan	Director	JHU, Center for Communication Programs
Laing	Ashlei		
Lam	Clarence	District 12	
Lash	Malissa		Population Action International
Lateef	Asma	Director	Bread for the World Institute
Latkin	Carl		JHU, HBS
Lawrence	Robert	Professor/Director	JHU, EHS/Center for Livable Future
Lazo	Mariana		JHMI
Lee	Christine	MPH/MBA student	JHU
Lenhart	Kaia	Partner	GMMB

Last name	First name	Title	Affiliation
Leviton (Cardin)	Joyce	Senator Cardin's Staff	Senator Cardin's staff
Lewis	Bethany		
Lhendup	Ugyen		
Lindamood	Melisa		Johns Hopkins Institutions
Lindsey	Kali		National Minority AIDS Council
Livingston	Alida		
Lozare	Ben		JHU
Lydon	Megan		JHU
MacDonald	Luke	Deputy Director	JHU, Water Institute, Environmental Health Sciences
Madiwa	Chido		
Martin	Kim		Center for Communication Programs, JHU
Mayes	Gwen	Dep. Director/Advocacy Relations - Women's Healthcare	Bayer HealthCare
McClarin	Beonee	JHUCCP	JHU
McGinty	Beth	Assistant Professor	JHU, Department of Health Policy and Management, Institute for Health and Social Policy
Mckenzie	Shawn	Associate Director	Center for Liveable Future
Meya	Samuel		
Miles	Doug	Co-chairman and Bishop	BUILD (Baltimore) and Koinonia Baptist Church
Mitchell	Molly		JHU, Bloomberg School of Public Health
Mitchell	Molly	Staff	
Mosley	Henry	Professor	JHU, PFRH
Myers	Matt	President	CTFK
Newton	Gary		Save the Children
Ojera Latigo	James		
Olson	Hannah	Project Manager	JHU, PMA2020
Onusanua	Damileta		JHSPH
Onyeizu	Uchenna		
Palmer	Anne	Program Director	Food Communities and Public Health
Patnaik	Payal	MPH student	JHU

Last name	First name	Title	Affiliation
Peterson	Megan		Jhpiego
Peterson	Jessica		JHSPH
Peyton	Jennifer	Communities CARING	JHU
Posuer	Emma		JHSPH
Privor-Dumm	Lois	Director of Policy, Advocacy & Communications	JHU, International Vaccines Access Center
Rabten	Sonam		
Rasuli	Naizr		
Reinhardt	Patricia		JHU, Nursing
Reynolds-Ramirez	Rebecca		JHU, Bloomberg School of Public Health
Rimon	Oying		JHU
Rowan	Andrea		Guttmacher Institute
Russell	Robyn		UN Foundation
Samuels	Alicia		JHU, Bloomberg School of Public Health
Sanghvi	Hashard	VP, Innovations and Medical Director	JHPIEGO
Schneider	Glenn		The Horizon Foundation
Shapiro	Stephanie		Center for Communication Programs, JHU
Sherwood	Jennifer		amfAR
Siddiqi	Sameer		JHSPH
Smith	Amos		
Smith	Tyler		JHSPH
Sparks	Alicia		
Spence	Lester	Associate Professor	JHU, Political Science
Stanley	Antionette		
Strobino	Donna	Professor	JHU, PFRH
Suzman	Mark	President of Global Policy & Advocacy	Bill & Melinda Gates Foundation
Talwar	Amsih		JHU Preventive Medicine
Tan	Jingwen		JHU
Tanuku	Deepti		Jhpiego
Teret	Stephen	Professor/Director	JHU, HPM/Center for Law and the Public's Health (HPM)

Last name	First name	Title	Affiliation
Thomas	Shavonda		JHU Preventive Medicine
Tsui	Amy	Professor	JHU, PFRH
Ullman	Alex	Staff	JHU, Center on Alcohol Marketing and Youth
Upadhya	Krishna		JHU
Van Dyck	Peter	Senior Associate	JHU, PFRH
Velu	Sanjanthi	Team Leader	JHU, CCP
Walker	Sheila		JHU, Bloomberg School of Public Health
Wallack	Larry	Principal author of Media Advocacy and Public Health: Power for Prevention	Portland State
Whitmarsh	Sarah	Sr. Communications Officer	JHU, AFP
Zabin	Laurie		JHU, Department of Population, Family and Reproductive Health
Zuccaro	Juliana		JHU